



# Registration 2021 Virtual Scientific Meeting on Anogenital & HPV-Related Diseases

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Credentials Select all that apply):

- |                                 |                              |                                |                              |                                  |                                |
|---------------------------------|------------------------------|--------------------------------|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> ANP    | <input type="checkbox"/> BSN | <input type="checkbox"/> FNP   | <input type="checkbox"/> MPH | <input type="checkbox"/> PA-C    | <input type="checkbox"/> WHNP  |
| <input type="checkbox"/> AOCN   | <input type="checkbox"/> CNA | <input type="checkbox"/> LPN   | <input type="checkbox"/> MSc | <input type="checkbox"/> PharmaD | <input type="checkbox"/> Other |
| <input type="checkbox"/> AOCNP  | <input type="checkbox"/> CNM | <input type="checkbox"/> MBChB | <input type="checkbox"/> MSN | <input type="checkbox"/> PANCE   | _____                          |
| <input type="checkbox"/> ARC-PA | <input type="checkbox"/> DNP | <input type="checkbox"/> MD    | <input type="checkbox"/> NP  | <input type="checkbox"/> RN      | _____                          |
| <input type="checkbox"/> ARNP   | <input type="checkbox"/> DO  | <input type="checkbox"/> MPH   | <input type="checkbox"/> NR  | <input type="checkbox"/> PhD     | _____                          |

**Registration:**

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> Physician Member *   | \$745   | <input type="checkbox"/> Non-medical Industry Consultant  | \$1,145 |
| <input type="checkbox"/> Physician Non-Member   | \$1,045 | <input type="checkbox"/> International World Bank Physician***  | \$445   |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member*     | \$645   | <input type="checkbox"/> International World Bank Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$445   |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Non- Member | \$945   | <input type="checkbox"/> Emeritus Member*   | \$0     |
| <input type="checkbox"/> Resident/Student Member*   | \$345   | <b>Add-On</b>   |         |
| <input type="checkbox"/> Resident/Student Non-Member**  | \$445   | <input type="checkbox"/> Physician Assistant/Nurse/Nurse Practitioner/ Midwife Breakfast                              | \$0     |

**Pre-Courses**

- |  |       |
|--|-------|
| <input type="checkbox"/> Advanced Discussions in Vulvovaginal Diseases | \$275 |
| <input type="checkbox"/> Screening for Anal Disease                    | \$275 |

\*Must be a current ASCCP member at the time of registration.

\*\*Residents/Students registering as a non-member will be asked to provide a letter from their Department Chair confirming residency status or a copy of their student id card.

\*\*\*The World Bank rate is available only to those who reside in countries declared 'Lower-Middle' and 'Low' income by the World Bank. Visit [www.worldbank.org/en/country](http://www.worldbank.org/en/country) to view your country's status.

TOTAL \$ \_\_\_\_\_

**Payment Information:**

**Method:**  Check (Checks may be mailed to the ASCCP Office at the address below.)

Credit Card:  Visa  American Express  Discover  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
(Month) (Year)

Name on Card: \_\_\_\_\_

Cancellation Policy: Written cancellation must be received at least 30 days prior to the start of the course. Any notice received by this time will be refunded, less a \$100.00 administrative fee. No refunds will be made after this time.