

# Registration Form

## Advanced Colposcopy: The Complete Lower Genital Tract

December 6 - 9, 2007 • The Hotel del Coronado, Coronado, California  
www.hoteldel.com

Name: \_\_\_\_\_  
First M.I. Last Degree  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Advanced Colposcopy and Lower Genital Tract Dermatology Course Registration Fee

_____ ASCCP Physician Member	\$1000.00
_____ ASCCP Member Advanced Practice Clinician (e.g. NP, PA-C, CNM, etc.)	\$ 875.00
_____ Physician Non-Member	\$1150.00
_____ Advanced Practice Clinician Non-Member	\$ 950.00
_____ Resident	\$ 800.00

**Late fee for registrations received (fax or postmark)  
after November 5, 2007 \$ 100.00**

Total Registration Fee . . . . . \$ \_\_\_\_\_

- Please check here if you require special assistance during the meeting (i.e., accessible transportation, aids for hearing or vision, etc.)
- Please send me an ASCCP Educational Materials Catalog
- Please send me information about joining the ASCCP

### Method of Payment

Check    Visa    MasterCard    American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Verification Code \_\_\_\_\_ (3-digit code on back of credit card)

Name (as it appears on the card) \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellation Policy** Written cancellation must be received by **November 5, 2007**. Any notice received prior to **November 5, 2007** will be refunded, less a **\$100.00** administrative fee. No refunds will be made after **November 5, 2007**.

### Send Completed Registration Form to:

**ASCCP • 152 West Washington Street • Hagerstown, Maryland 21740  
or fax this form to ASCCP at (301) 733-5775**

Sorry, telephone registrations cannot be accepted.  
All course seats are awarded on a first come, first served basis.