Course Registration Form

Advanced Colposcopy: Case-Based Course
L'Enfant Plaza Hotel • September 12–13, 2009

Name: _____
First M.I. Last Degree

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Comprehensive Colposcopy Course Registration Fee	On or Before August 12	After August 12
ASCCP Physician Member	$ 800.00	$ 900.00
ASCCP Member Advanced Practice Clinician *(e.g., NP, PA-C, CNM, etc.)*	$ 675.00	$ 775.00
Physician Non-Member	$ 900.00	$1000.00
Advanced Practice Clinician Non-Member	$ 750.00	$ 850.00
Resident	$ 600.00	$ 700.00
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 Algorithms Order Form
- ❑ 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 on or before August 12, 2009. Any notice received on or before August 12, 2009 will be refunded, less a $100.00 administrative fee. No refunds will be made after August 12, 2009.

Send Completed Registration Form to:
ASCCP • 152 West Washington Street • Hagerstown, Maryland 21740
or fax this form to the ASCCP at (301) 733-5775

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