Course Registration Form

Comprehensive Colposcopy • October 7 – 10, 2009
Salt Lake City Marriott City Center

Name: _____
First M.I. Last Degree

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Comprehensive Colposcopy 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 Registration fee (if postmarked/faxed after September 8, 2009)	$ 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 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 September 8, 2009. Any notice received on or before September 8, 2009 will be refunded, less a $100.00 administrative fee. No refunds will be made after September 8, 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.