Course Registration Form

Comprehensive Colposcopy–August 7–10, 2008

InterContinental Mark Hopkins Hotel – San Francisco, CA

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
_____	Later Registration fee *(if postmarked/faxed after July 11, 2008)*	$ 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 Education 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 **July 11, 2008**. Any notice received prior to **July 11, 2008** will be refunded, less a **$100.00** administrative fee. No refunds will be made after **July 11, 2008**.

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 seats awarded on a first-come, first-served basis.