

**THE AMERICAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY  
APPLICATION FOR TABLETOP EXHIBIT SPACE**

We, the undersigned, hereby make application for exhibit space at the following postgraduate course(s):

**Comprehensive Colposcopy**

- Oct. 16 – 19, 2008 in Tucson, Arizona
- Jan. 21 – 24, 2009 in Santa Fe, New Mexico
- July 30 – Aug. 2, 2009 in Providence, Rhode Island

**Advanced Colposcopy**

- Dec. 11 – 14, 2008 in Las Vegas, Nevada

**Clinical Approach to Vulvovaginal Disease**

Apr. 16 – 19, 2009 in Lake Buena Vista, Florida  
Specific course information including hotel name and address may be found on the website:  
[www.asccp.org/meetings.shtml](http://www.asccp.org/meetings.shtml).

We understand that tabletop exhibit assignments will be made on a first-come, first-served basis, and only after receipt of payment in the amount of **\$1200.00** per course (**\$6000/year**). In the case of cancellation, a refund of **\$1100.00** will be possible, but only if a written cancellation notice is received 30 days prior to the course start.

Products or services to be displayed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One month prior to each course that you have elected to attend, you will be contacted for the names of your representatives and any special needs. Shipping instructions will be provided at that time.

\_\_\_\_\_  
If willing to provide equipment that may be used in the hands-on training portion of the *Comprehensive Colposcopy* courses, fees will be reduced to \$3500 per annum. Companies must attend all three *Comprehensive Colposcopy* courses and be willing to offer for use at each: 3 colposcopes, 1 LEEP unit & 1 cryo unit or 4 LEEP units or some combination thereof.

**Sign me up to bring equipment and attend all five courses:**

\_\_\_\_ YES \_\_\_\_ NO

**Total Amount Enclosed: \$** \_\_\_\_\_

We will bring the following equipment to the *Comprehensive Colposcopy* courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special electrical requirements:

\_\_\_\_\_

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**I have read and agree to adhere to the ASCCP codes and regulations as outlined in the General Exhibit Information form.**

\_\_\_\_\_  
**Signature**

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

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

City/State/Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment:  Check  Visa  MC  Am Exp Card CVS Code \_\_\_\_\_

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

Name as it appears on credit card \_\_\_\_\_ Signature: \_\_\_\_\_

ASCCP Authorization \_\_\_\_\_ Date: \_\_\_\_\_