

Registration Form

Comprehensive Colposcopy – October 16–19, 2008

The Westin La Paloma Resort & Spa, Tucson, AZ

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 12, 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 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 by **September 12, 2008**. Any notice received prior to **September 12, 2008** will be refunded, less a **\$100.00** administrative fee. No refunds will be made after **September 12, 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.