

Course Registration Form

High Resolution Anoscopy—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: _____

High Resolution Anoscopy Course Registration Fee

_____	ASCCP Physician Member	\$ 1200.00
_____	ASCCP Member Advanced Practice Clinician (e.g. NP, PA-C, CNM, etc.)	\$ 1150.00
_____	Physician Non-Member	\$ 1500.00
_____	Advanced Practice Clinician Non-Member	\$ 1250.00
_____	Resident	\$ 1070.00
_____	Saturday and Sunday only	\$ 800.00
_____	Non-member Saturday and Sunday only	\$ 1000.00
_____	Later Registration fee (if postmarked/faxed after July 11, 2008)	\$ 100.00

Total Registration Fee \$ _____

Note: The first two days of this course are offered jointly with the Comprehensive Colposcopy faculty and course. Those who are experienced colposcopists may register only for Saturday and Sunday. Those who have limited experience using the colposcope are required to take the entire course.

- Please check here if you require special assistance during the meeting (i.e., accessible transportation, aids for hearing or vision, etc.)
- 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.