ASCCP
MENTORSHIP PROGRAM
Registration Form

Name: _____
(First) (Middle) (Last) (Degree)

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: ( ) _____

Daytime Fax Number: ( ) _____

Email Address: _____

Name of Mentor: _____

Mentor's Daytime Phone Number: ( )_____

Mentor's Email Address:_____

NOTE: Registration fee of $125.00 must accompany this registration form.

Method of Payment:

☐ Check ☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number: _____ CCV code: ____

Expiration Date: _____

Signature: _____

Send completed registration form and payment to:
ASCCP National Office
152 West Washington Street
Hagerstown, MD 21740
or fax this form to ASCCP at (301) 733-5775

Please note that you <u>may not</u> begin your training period until you have received written confirmation of your registration in the ASCCP Mentorship Program. No exams performed prior to ASCCP's written confirmation of acceptance will be counted.