Course Registration

The "New" Vulvovaginal Diseases
August 9–12, 2007 • The Drake Hotel • Chicago, Illinois

Name:_____
First M.I. Last Degree

Address:_____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____Fax: _____

E–mail: _____

New Vulvovaginal Diseases Course Registration Fee

_____	ASCCP Physician Member	$ 900.00
_____	ASCCP Member Advanced Practice Clinician (e.g., NP, PA–C, CNM, etc.)	$ 775.00
_____	Physician Non–Member	$1050.00
_____	Advanced Practice Clinician Non–Member	$ 850.00
_____	Resident	$ 700.00
_____	Late Registration fee *(if postmarked/faxed after July 8, 2007)*	$ 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 Educational 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 8, 2007**. Any notice received prior to **July 8, 2007** will be refunded, less a **$100.00** administrative fee. No refunds will be made after **July 8, 2007**.

Send Completed Registration Form to:
ASCCP • 20 West Washington Street • Suite 1 • 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.