

Course Registration Form

Clinical Approach to Vulvovaginal Disease • April 16–19, 2009 The Buena Vista Palace Hotel and Spa

Name: _____

First _____ M.I. _____ Last _____ Degree _____

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Vulvovaginal Disease 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 March 17, 2009)	\$ 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 Discover

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 on or before March 17, 2009. Any notice received on or before March 17, 2009 will be refunded, less a \$100.00 administrative fee. No refunds will be made after March 17, 2009.

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 course seats are
awarded on a first-come, first-served basis.