



**Registration
2020 Scientific Meeting
on Anogenital & HPV-Related Diseases
March 31-April 3, 2020 | Orlando, Florida**

Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Email: _____ Phone: _____

Credentials Select all that apply):

- | | | | | | |
|---------------------------------|------------------------------|--------------------------------|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> ANP | <input type="checkbox"/> BSN | <input type="checkbox"/> FNP | <input type="checkbox"/> MPH | <input type="checkbox"/> PA-C | <input type="checkbox"/> WHNP |
| <input type="checkbox"/> AOCN | <input type="checkbox"/> CNA | <input type="checkbox"/> LPN | <input type="checkbox"/> MSc | <input type="checkbox"/> PharmaD | <input type="checkbox"/> Other |
| <input type="checkbox"/> AOCNP | <input type="checkbox"/> CNM | <input type="checkbox"/> MBChB | <input type="checkbox"/> MSN | <input type="checkbox"/> PANCE | _____ |
| <input type="checkbox"/> ARC-PA | <input type="checkbox"/> DNP | <input type="checkbox"/> MD | <input type="checkbox"/> NP | <input type="checkbox"/> RN | _____ |
| <input type="checkbox"/> ARNP | <input type="checkbox"/> DO | <input type="checkbox"/> MPH | <input type="checkbox"/> NR | <input type="checkbox"/> PhD | _____ |

Registration:

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Physician Member * | \$1,095 | <input type="checkbox"/> Non-medical Industry Consultant | \$1,495 |
| <input type="checkbox"/> Physician Non-Member | \$1,395 | <input type="checkbox"/> International World Bank Physician*** | \$645 |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member* | \$995 | <input type="checkbox"/> International World Bank Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$645 |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Non- Member | \$1,245 | <input type="checkbox"/> Emeritus Member* | \$0 |
| <input type="checkbox"/> Resident/Student Member* | \$695 | Add-On | |
| <input type="checkbox"/> Resident/Student Non-Member** | \$795 | <input type="checkbox"/> Physician Assistant/Nurse/Nurse Practitioner/ Midwife Breakfast | \$0 |

Pre-Courses

- | | |
|--|-------|
| <input type="checkbox"/> Advanced Discussions in Vulvovaginal Diseases | \$275 |
| <input type="checkbox"/> Advanced Challenges in the Management of HPV-Related Disorders of the Vulva, Vagina, and Cervix | \$275 |
| <input type="checkbox"/> Advanced Discussions in Sexual Health | \$275 |

*Must be a current ASCCP member at the time of registration.

**Residents/Students registering as a non-member will be asked to provide a letter from their Department Chair confirming residency status or a copy of their student id card.

***The World Bank rate is available only to those who reside in countries declared 'Lower-Middle' and 'Low' income by the World Bank. Visit www.worldbank.org/en/country to view your country's status.

Payment Information:

TOTAL \$ _____

Method: Check (Checks may be mailed to the ASCCP Office at the address below.)

Credit Card: Visa American Express Discover MasterCard

Credit Card Number: _____

Expiration Date _____ / _____ Security Code: _____ Zip/Postal Code: _____
(Month) (Year)

Name on Card: _____

Cancellation Policy: Written cancellation must be received at least 30 days prior to the start of the course. Any notice received by this time will be refunded, less a \$100.00 administrative fee. No refunds will be made after this time.
Photographs and/or video taken at the ASCCP2019 may be used in future ASCCP marketing, publicity, promotions, advertising, social networking, and training activities. By registering and attending, you agree to allow ASCCP to use the photographs and/or video materials.