

COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

January 7-10, 2015 | Hyatt Regency Tampa Bay | Tampa, FL

Register online by going to www.asccp.org/CC

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone(2): _____ Fax: _____

Email(1): _____ Email(2): _____

Emergency Contact Name/Phone: _____

Specialty/Practice: Choose One

- | | |
|---|---|
| ☐ OB/GYN | ☐ Other – Choose from |
| ☐ Gyn Oncology | one of the following |
| ☐ Family Medicine/
General Practice | ☐ Administrator |
| ☐ Internal Medicine | ☐ Academic |
| ☐ Surgery | ☐ Public Health |
| ☐ Pathology | ☐ Nurse |
| ☐ Dermatology | ☐ PharmD |
| ☐ Resident – Gynecology | ☐ Research/
Basic Science |
| ☐ Resident – Family Practice | |

Professional Setting: Choose One

- ☐ Office/Clinic
☐ Hospital
☐ Academia-teaching/research
☐ Government-City, County,
State, Federal
☐ Industry

Register Early to receive special pricing

- ☐ ASCCP Physician Member
☐ ASCCP Member Advanced Practice Clinician (NP, PA-C, etc.)
☐ Physician Non-Member
☐ Advanced Practice Clinician Non-Member
☐ Resident/Fellow
☐ Total Registration Fee

Early Bird by 12/12

\$ 995.00
\$ 895.00
\$ 1295.00
\$ 1195.00
\$ 795.00
\$ _____

Regular after 12/12

\$ 1045.00
\$ 945.00
\$ 1345.00
\$ 1245.00
\$ 845.00
\$ _____

Your registration is not confirmed until you receive confirmation from ASCCP.

Please indicate any special dietary needs: _____

Please indicate special assistance required: (i.e., accessible transportation, aids for hearing/vision, etc.) _____

How did you hear about this course? _____

Method of Payment

☐ Check ☐ Visa ☐ Mastercard ☐ AMEX Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Name (as it appears on the card): _____

Signature: _____

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.

Register Online at www.asccp.org/CC | or Send Completed Registration Form to:

ASCCP * 1530 Tilco Drive, Suite C * Frederick, MD 21704 * or fax this form to ASCCP at (240) 575-9880

Sorry, telephone registrations cannot be accepted. All course seats are awarded on a first come, first served basis.

ASCCP