

ONLINE REGISTRATION FORM

PLEASE FILL IN ALL FIELDS BELOW

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

Address: _____

City: _____ State: _____ Postal Code: _____ Country _____

Phone: _____ Email: _____

Institution Name (if not listed in mailing address) _____

- ☐ As a registrant of the 2021 Virtual Annual Meeting, information and marketing may be sent to your mailing address from our sponsors and exhibitors. Please check this box if you **do not** wish to receive these mailings.

USCAP documents the annual meeting activities using the attendee's image or voice in recordings, both live and on-demand, photographs and videotapes for future educational and marketing purposes. By registering for this course, you consent that your likeness may be used by USCAP.

As a 2021 USCAP Virtual Annual Meeting participant, you are agreeing to adhere to the Virtual Meeting Code of Conduct found at [uscap.org/code](https://www.uscap.org/code). Any violation will result in cancellation of your virtual meeting registration with no refund.

REGISTRATION PRICING (check one box)

- ☐ Practicing Pathologist Members (a savings of 50%) \$599 **\$299**
- ☐ All Non-members..... **\$599**
- ☐ Trainee Members..... **\$119**
- ☐ Adjunct Members **\$119**

METHOD OF PAYMENT (CHECK ONE):

- ☐ Check (payable to United States & Canadian Academy of Pathology – U.S. currency drawn on U.S. bank)
- ☐ Money Order (payable to United States & Canadian Academy of Pathology – U.S. currency drawn on U.S. bank)
- ☐ Email registration@uscap.org to receive a link for encrypted transfer of credit card info
Do not send credit card information by general mail

PLEASE PRINT THIS FORM AND SEND WITH PAYMENT TO:

USCAP
Attn: Registration
936 Broad Street, Suite 106
Augusta, GA 30901