



ASCCP2018 Annual Meeting Registration

April 18-21, 2018, Las Vegas, Nevada

Name: _____

Company/Institution: _____

Address: _____

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

Country: _____ Email: _____ Phone: _____

Credentials Select all that apply):

- | | | | | | |
|---------------------------------|------------------------------|--------------------------------|------------------------------|----------------------------------|--------------------------------|
| ☐ ANP | ☐ BSN | ☐ FNP | ☐ MPH | ☐ PA-C | ☐ WHNP |
| ☐ AOCN | ☐ CNA | ☐ LPN | ☐ MSc | ☐ PhramaD | ☐ Other |
| ☐ AOCNP | ☐ CNM | ☐ MBChB | ☐ MSN | ☐ PANCE | _____ |
| ☐ ARC-PA | ☐ DNP | ☐ MD | ☐ NP | ☐ RN | _____ |
| ☐ ARNP | ☐ DO | ☐ MPH | ☐ NR | ☐ PhD | _____ |

Registration:

- | | | | |
|---|---------|---|-------|
| ☐ Physician Member * | \$1,125 | ☐ International World Bank Physician*** | \$645 |
| ☐ Physician Non-Member | \$1,375 | ☐ International World Bank Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$645 |
| ☐ Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member* | \$995 | ☐ Emeritus Member* | \$0 |
| ☐ Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Non- Member | \$1,195 | Pre-Courses | |
| ☐ Non-medical Industry Consultant | \$1,395 | ☐ LEEP | \$275 |
| ☐ Resident/Student Member* | \$925 | ☐ Advanced Discussion in Vulvar Vaginal Diseases | \$275 |
| ☐ Resident/Student Non-Member** | \$975 | ☐ Vulvar Surgery Skills Workshop | \$275 |
| | | ☐ Advanced Anal Cases: Expanding Your Skills | \$275 |
| | | ☐ Complicated Colposcopy Cases | \$275 |
| | | ☐ Educate the Educator: HPV Vaccine & Cervical Cancer Screening | FREE |

*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.

TOTAL \$ _____

Photographs and/or video taken at the ASCCP2018 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

Payment Information:

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: _____
(Month) (Year)

Name on 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.

1530 Tilco Dr, Suite C, Frederick, MD 21704 | P: (800) 787-7227 | F: (240) 575-9880 | education@asccp.org