



2017 IFCPC World Congress Registration
April 4-7, 2017, Orlando, Florida
(Hosted by ASCCP)

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"/> PhramaD | <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 * | \$995 | <input type="checkbox"/> Emeritus Member* | \$0 |
| <input type="checkbox"/> Physician Non-Member | \$1,195 | Pre-Courses | |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member* | \$895 | <input type="checkbox"/> Anal Neoplasia | \$475 |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Non- Member | \$1,075 | <input type="checkbox"/> Updates to Vulvar Vaginal Disease | \$475 |
| <input type="checkbox"/> Non-medical Industry Consultant | \$1,245 | <input type="checkbox"/> Case-Based: Colposcopy | \$475 |
| <input type="checkbox"/> Resident/Student Member* | \$695 | <input type="checkbox"/> LEEP | \$295 |
| <input type="checkbox"/> Resident/Student Non-Member** | \$795 | <input type="checkbox"/> Educate the Educator: HPV Vaccine & Cervical Cancer Screening | FREE |
| <input type="checkbox"/> International World Bank Physician*** | \$695 | Upgrades | |
| <input type="checkbox"/> International World Bank Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$695 | <input type="checkbox"/> Premium Registration Upgrade | \$100 |
| | | <input type="checkbox"/> Gala Ticket | \$100 |
| | | <input type="checkbox"/> Gala Ticket for Guest | \$100 |

*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.

Photographs and/or video taken at the 2017 IFCPC World Congress may be used in future IFCPC/ASCCP marketing, publicity, promotions, advertising, social networking, and training activities. By registering and attending, you agree to allow IFCPC/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.