

## REGISTRATION FORM

### Diagnostic Cytopathology Course January 13 - 15, 2007

Send form with payment to:

U. S. & Canadian Academy of Pathology  
3643 Walton Way Extension  
Augusta, GA, 30909 USA

Telephone: 706/733-7550

Fax: 706/733-8033

Website: [www.uscap.org](http://www.uscap.org)

*Please print or type all information. This form may be duplicated as necessary*

Name & Degree: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Practice Venue:  University/Medical School  Community Hospital  Independent Laboratory  Other



If you will have any special needs while attending this course please Email details to Kerry Crockett at [kerry@uscap.org](mailto:kerry@uscap.org)

**Course Fees:** Academy Member \$ 475 \_\_\_\_\_

Non-Member \$ 550 \_\_\_\_\_

**Method of Payment:**

Amount Due: \_\_\_\_\_ Check Enclosed: \_\_\_\_\_ (Payable to Academy of Pathology)

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