

REGISTRATION FORM

DIAGNOSTIC PATHOLOGY UPDATE July 14 - 20, 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

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 ___



Will you have any special requirements when attending this meeting? If so, please contact Kerry Crockett, by Email, with details: kerry@uscap.org

Course Fees: Academy Member \$ 775 _____ Academy Member in Training \$ 625 _____

Non-Member \$ 900 _____ Non-Member in Training \$ 725 _____

(Attach a note from Director of your Training Program)

There is a Welcome Reception on Sunday night for registrants and accompanying persons. If you plan to attend this reception, please check here and indicate the total number of adults and children in your party. Yes - I will attend the reception _____

Adults _____ Children 10 or Under: _____ Children older than 10: _____

Please indicate how you heard about this course:

___ USCAP Website ___ USCAP mailing ___ Colleague recommendation ___ PathologyOutlines ___ Other

Method of Payment:

Amount Due: _____ Check Enclosed: ___ (Payable to Academy of Pathology)

MasterCard [] VISA [] AmEx [] Expiration Date: _____

Account #: _____

Signature

Date