



**2017 IFCPC World Congress**  
**IFCPC Society Member Early Bird Registration**  
 April 4-7, 2017, Orlando, Florida  
 (Hosted by ASCCP)

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Which IFCPC National Society do you belong to? \_\_\_\_\_

**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 (Early Bird Registration ends February 19, 2017):**

- |   |       |  |       |
|---|-------|--|-------|
| <input type="checkbox"/> Physician Member *   | \$895 | <b>World Bank-Lower-Middle to Low Income Countries***</b>                                    |       |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member* | \$795 | <input type="checkbox"/> Physician   | \$595 |
| <input type="checkbox"/> Resident/Student Member**  | \$595 | <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$595 |

TOTAL \$ \_\_\_\_\_

\*Must be a current IFCPC Society member at the time of registration.

\*\*Residents/Students are required to provide a letter from their Department Chair confirming residency status or a copy of their student id card.

\*\*\*Visit [www.worldbank.org/en/country](http://www.worldbank.org/en/country) to view your country's status.

**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.