American Society for Clinical Pathology

Cytology Assessment for 2012

MAIL ORDER TO ASCP:
3462 Eagle Way
Chicago, IL 60678-1034
Include a check payable to ASCP, or a purchase order.

FAX YOUR ORDER TODAY TO:
317.569.0221 Please include email address or transmit a copy of your purchase order.

CALL IN YOUR ORDER TO:
800.267.2727, option 2, option 4
Monday–Friday (8AM–5PM CT)
(Outside the US 312.541.4890)

Cytopathology Assessment Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
☐ **Non-GYN Assessment** (NGYNGL12)	$725	_____	_____	$ _____
☐ **Non-GYN Review** (NGYNR12)	$725	_____	_____	$ _____
☐ **Non-GYN Assessment & Review** (NGYNC12)	$1,125	_____	_____	$ _____
☐ **Non-GYN Digital** (NGYNST12)	$725	_____	_____	$ _____
☐ **FNB Site-Specific Assessment** (FNB12)	$825	_____	_____	$ _____
☐ **FNB Site-Specific Review** (FNBR12)	$825	_____	_____	$ _____
☐ **FNB Site-Specific Assessment & Review** (FNBC12)	$1,275	_____	_____	$ _____
For FNB Site-Specific, select body type: ☐ Breast ☐ Lymph Node ☐ Thyroid ☐ Salivary				
☐ **GYN Assessment** (GYN12)	$650	_____	_____	$ _____
☐ **GYN Review** (GYNR12)	$650	_____	_____	$ _____
☐ **GYN Assessment & Review** (GYNC12)	$1,025	_____	_____	$ _____
☐ **GYN Digital** (GYNST12)	$650	_____	_____	$ _____
For GYN, select prep type: ☐ Conventional ☐ All SurePath ☐ All ThinPrep ☐ Conventional/ThinPrep (50%/50%)				

Participant Fee: Total # of participants ___ x$85 per program. > $ _____

Assessment Program Subtotal: $ _____

If both GYN and Non-GYN programs are purchased, apply discount (-$75) **Discount:** $ _____

Grand Total: $ _____

ASCP will follow up for participant information.

Registration Information

Enter your ASCP ID number in the boxes below as it appears on your membership card and mailing label.

☐☐☐☐☐☐☐☐

Please provide your shipping and billing information.

SHIPPING ADDRESS:

_____

BILLING ADDRESS:

_____

☐ Check or money order enclosed, payable to ASCP

☐ P.O. # (enclose copy) _____

Contact Person _____

E-mail (required) _____

Phone _____ Fax _____

I want to pay by credit card. Please call me at ( ) _____ Date/Time _____

To place your order, please call Customer Service at 800.267.2727, option 2, then option 4.

GYNASMT1-FS