



## By Fax\*: Fax to 317.569.0221 or transmit a copy of your

purchase order.

By Phone: 800.267.2727, Option 2, Option 4 Monday-Friday (8am-5pm CT) (Outside the US 312.541.4890) Have credit card info ready.

\*For your protection, ASCP no longer gathers credit card info via mail or

fax. Please call to give ASCP your credit card information.

## By Mail\*: ASCP 3462 Eagle Way Chicago, IL 60678-1034 Include check payable to ASCP or purchase order.

## YES! Please renew my CheckPath subscription for 2012 as indicated.

Product Name	Price Quantity #	of Participants Price x Quantity	Last year's order:
☐ Anatomic Pathology (CPAN12)	\$650	\$	
Clinical Pathology (CPCL12)	\$650	<b></b>	
Hematopathology (CPHM12)	\$650		
Total # o	of participantsx \$85 per	program = \$	
		Grand Total \$	
Participant Name	ASCP Num	ber AP CP HP Resident (Residen	nts participate for free.)
			Please verify participant information.  Please update information: (If more space is needed, please continu on a separate sheet.)
SHIP CUSTOMER #	BILL CUSTOMER #	PROMO CODE #	
lease verify your shipping and l	billing information. Indicate a	ny changes.	
SHIPPING ADDRESS:	BILLING ADDRESS:	Contact Person	
		E-mail (required)	
		<u>Phone</u>	Fax
		□ I want to pay by credit card.	Please call me at
		Date/Time	