

Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> <b>GYN Proficiency Testing 2012</b> (PT12)	\$995	_____	_____	\$ _____
<input type="checkbox"/> <b>GYN PT and Lab Comparison 2012</b> (PTLC12) <i>(GYN PT + one shipment of 12 high-quality glass slides with comparative results &amp; statistics)</i>	\$1,350	_____	_____	\$ _____
<b>Participant Fee</b> (PTPART12): Total # of Participants for PT _____ x \$85 = (enter amount) >				\$ _____
<input type="checkbox"/> <b>GYN Digital Image Program</b> (GYNST12)	\$650	_____	_____	\$ _____
<b>GYN Digital Participant Fee</b> (GYNP12): Total # of Participants for GYN _____ x \$85 = (enter amount) >				\$ _____
<b>Subtotal:</b>				\$ _____
Recording Fee (PTCLIA12) for each additional CLIA GYN Certificate		_____	x \$500	\$ _____

**Grand Total - All Fees** \$ \_\_\_\_\_

### TEST DATE & PREP TYPE CHOICE

Indicate your preferred testing date

2012: 1.   /   2.   /

If choosing **PT & Lab Comparison**, please indicate in order of preference your date for the single shipment of Lab Comparison:

2012: 1.   /   2.   /

**Prep Type:**  ThinPrep  SurePath  Conventional

\*Lab Comparison is only one way to meet CAP LAP accreditation requirements, and offers up to 6.0 CME/CMLE credits. For a more in-depth education program, consider ASCP GYN Assessment. For more information, check the web at [www.ascp.org](http://www.ascp.org).

CAP Accreditation #

(If using for CAP LAP purposes): \_\_\_\_\_

CLIA #: \_\_\_\_\_

Lab Director Name: \_\_\_\_\_

Proctor #1 Name: \_\_\_\_\_

Proctor Phone: \_\_\_\_\_

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

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

**ASCP will follow-up for additional proctor and participant information.**  
ASCP Proctors are available for an additional fee.

SHIP CUSTOMER #

BILL CUSTOMER #

PROMO CODE #

### Please verify your shipping and billing information.

Indicate any changes.

SHIPPING ADDRESS:

BILLING ADDRESS:

Contact Person \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

I want to pay by credit card. Please call me at \_\_\_\_\_  
Date/Time \_\_\_\_\_

### Important!

\*For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.