

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
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<input type="checkbox"/> Non-GYN Assessment (NGYNGL12)	\$725	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Review (NGYNR12)	\$725	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Assessment & Review (NGYNC12)	\$1,125	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Digital (NGYNST12)	\$725	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Assessment (FNB12)	\$825	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Review (FNBR12)	\$825	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Assessment & Review (FNBC12)	\$1,275	_____	_____	\$ _____
For FNB Site-Specific, select body type: <input type="checkbox"/> Breast <input type="checkbox"/> Lymph Node <input type="checkbox"/> Thyroid <input type="checkbox"/> Salivary				
<input type="checkbox"/> GYN Assessment (GYN12)	\$650	_____	_____	\$ _____
<input type="checkbox"/> GYN Review (GYNR12)	\$650	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment & Review (GYNC12)	\$1,025	_____	_____	\$ _____
<input type="checkbox"/> 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.

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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.