

Product Name	Price	# of Participants	Price
<input type="checkbox"/> Anatomic Pathology (CPAN09)	\$650	_____	\$_____
<input type="checkbox"/> Clinical Pathology (CPCL09)	\$650	_____	\$_____
<input type="checkbox"/> Hematopathology (CPHM09)	\$650	_____	\$_____
Total # of participants _____ x \$75 =			\$_____
Grand Total \$			_____

ASCP will follow up for participant information.

Residents participate for free.

Registration Information

Enter your ASCP ID number in the boxes below as it appears on your membership card and mailing label. It begins with a zero.

0

Please provide your shipping and billing information.

SHIPPING ADDRESS:

BILLING ADDRESS:

Check or money order enclosed, payable to ASCP

P.O. # (enclose copy) _____

Please charge to: Visa MasterCard AMEX

Name on Card _____

Account # _____

Exp. Date _____

Signature _____

Contact Person _____

E-mail (required) _____

Phone _____

Fax _____



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