

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

FAX YOUR ORDER TODAY TO:
317.569.0221 Please include
email address and credit card
information 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
<input type="checkbox"/> Non-GYN Assessment (NGYNGL09)	\$725	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Review (NGYNR09)	\$725	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Assessment & Review (NGYNC09)	\$1,125	_____	_____	\$ _____
<input type="checkbox"/> Non-GYN Digital (NGYNST09)	\$725	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Assessment (FNBR09)	\$825	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Review (FNBR09)	\$825	_____	_____	\$ _____
<input type="checkbox"/> FNB Site-Specific Assessment & Review (FNBC09)	\$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 (GYN09)	\$650	_____	_____	\$ _____
<input type="checkbox"/> GYN Review (GYNR09)	\$650	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment & Review (GYNC09)	\$1,025	_____	_____	\$ _____
<input type="checkbox"/> GYN Digital (GYNST09)	\$650	_____	_____	\$ _____

For GYN, select prep type: Conventional All SurePath All ThinPrep Conventional/ThinPrep (50%/50%)

Participant Fee: Total # of Participants for Assessment _____ x \$75 = (enter amount) > \$ _____

Assessment Program Subtotal: \$ _____

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. 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.