



American Society for Clinical Pathology

Register by Phone

800.267.2727

option 2 (international callers:
312.541.4890)
Monday-Friday
(8:00am-5:00pm CT)
Have your email address
and credit card available.

Register by Fax

312.541.4472

Please include email address
and credit card information
or transmit a copy of your
purchase order with the
registration form anytime.

Register by Mail

ASCP Assessment
3462 Eagle Way
Chicago, IL 60678-1034
Include email address,
credit card information,
a check payable to
ASCP, or a purchase order.

Cytology Assessment Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
Non-GYN Assessment (NGYNGL08)	\$725	_____	_____	\$ _____
Non-GYN Review (NGYNR08)	\$725	_____	_____	\$ _____
Non-GYN Assessment & Review (NGYNC08)	\$1,125	_____	_____	\$ _____
Non-GYN Digital (NGYNST08)	\$725	_____	_____	\$ _____
FNB Site-Specific Assessment (FNBR08)	\$825	_____	_____	\$ _____
FNB Site-Specific Review (FNBR08)	\$825	_____	_____	\$ _____
FNB Site-Specific Assessment & Review (FNBC08)	\$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				
GYN Assessment (GYN08)	\$650	_____	_____	\$ _____
GYN Review (GYNR08)	\$650	_____	_____	\$ _____
GYN Assessment & Review (GYNC08)	\$1,025	_____	_____	\$ _____
Participant Fee: Total # of Participants for Assessment _____ x \$50 = (enter amount) >				\$ _____

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

GYN Proficiency Testing

Assessment Program Subtotal: \$ _____

GYN Proficiency Testing (PT) (PT08)	\$995	_____	_____	\$ _____
GYN PT and Lab Comparison (PTLC08)	\$1,350	_____	_____	\$ _____
Participant Fee: Total # of Participants for Assessment _____ x \$75 = (enter amount) >				\$ _____

For PT, select prep type: Conventional SurePath ThinPrep

PT Subtotal: \$ _____

Additional Resources

	Member Price	List Price	Quantity	
Practical Principles of Cytopathology (5497)	\$144	\$160	_____	\$ _____
The Pap Test (4209)	\$150	\$200	_____	\$ _____
Cytopathology Review Guide, 2nd Edition (5213)	\$113	\$125	_____	\$ _____

Book Subtotal: \$ _____

***Book Shipping Cost:** \$ _____

(IN Res. 6%; IL Res. 9.75%; CA Res. 8%) **Book Sales Tax:** \$ _____

Grand Total: \$ _____

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

MARKET CODE

Check enclosed (please make payable to ASCP)

Purchase order number
(please attach a copy of the purchase order)

Please charge to: Visa MasterCard AMEX

Account # _____

Expiration Date _____

Signature _____



Shipping Information

Laboratory Director Name _____

Institution _____

CLIA# _____

CAP Accreditation No. (If using for CAP LAP purposes) _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Home Phone _____

Fax Number _____ E-mail (required) _____

Billing Information

Contact Name _____

Institution _____

Address _____

City _____ State _____ Zip _____ Country _____

Business Phone _____ Home Phone _____

Fax Number _____ E-mail (required) _____

*Book Shipping:

ASCP publication shipments within the Continental US arrive within 7-10 business days. Please add 10% to your book order for shipping. Standard delivery is UPS Ground. Other methods, including overnight delivery, are available for an extra fee. * Preordered books ship immediately upon receipt in warehouse.