





Time to Renew Your Cytology Assessment Order for 2018!

**Reserve
your 2018
program today!**

Return This Form or Renew Online Today!

Renew online for 2018 in 4 easy steps:

- 
LOG IN to your existing ASCP account: ascp.org/login
- 
SELECT the Access ASCP icon from your My Account page
- 
ORDER programs via credit card or by uploading a purchase order
- 
MODIFY, add or remove participants for each program ordered

SOS! For assistance with Access ASCP, or to order by phone, contact Customer Service: 1.800.267.2727

Cytology Assessment offers:

- High-quality glass slide cases in each shipment to mimic your day-to-day practice
- Immediate response turnaround time
- Meets CAP LAP accreditation requirements for interlaboratory comparison
- Receive CME/CMLE credits and meet requirements for MOC Part IV (Laboratory and Participant Comparison Reports)

For 2018, ALL shipments will be delivered as high quality glass slide cases.

Get more glass slide cases!

Because you ordered Cytology Assessment, your lab may also benefit from ASCP CheckPath. Visit ascp.org/checkpath to learn more.

By Fax:
 Fax to 317.569.0221
 and transmit a copy of
 your purchase order.

By Phone:
 800.267.2727
 Monday-Friday (8am-6pm ET)
 (Outside the US 312.541.4848)
 Please have credit card
 information ready.

By Mail:
 ASCP
 3462 Eagle Way
 Chicago, IL 60678-1034
 Include check payable to ASCP
 or purchase order.

YES! Please renew my Cytology Assessment subscription for 2018 as indicated.

Cytopathology Assessment Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> NonGYN Assessment (NGYN18-GLASS)	\$775	_____	_____	\$ _____
<input type="checkbox"/> NonGYN Digital (NGYN18-DIGITAL)	\$725	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment (GYN18-GLASS)	\$699	_____	_____	\$ _____

For GYN, select prep type:

All SurePath

All Thin Prep

Participant Fee: Total # of participants ___ x \$90, per program. \$ _____

Assessment Program Subtotal: \$ _____

Bundle Discount: \$ _____

Grand Total: \$ _____

If both GYN and NonGYN programs are purchased, apply bundle discount (-\$75)

Participant Name

SHIP CUSTOMER #	BILL CUSTOMER #
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Please verify your shipping and billing information. Indicate any changes.

SHIPPING ADDRESS: 	BILLING ADDRESS: 	Purchase Order Number (please attach a copy of the purchase order) _____ Contact Person _____ E-mail (required) _____ Phone _____ Fax _____
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I want to pay by credit card. Please call me at _____
 Date/Time _____