

By Fax:
Fax to 312.541.4472
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! I'm ready to renew my ASCP Case Reports order for 2019 as indicated.

PRODUCT # exercises	Institutional Package Price (up to 3 participants per section)	Institutional Package Price (4-20 participants*)	
<input type="checkbox"/> Clinical Chemistry 6 (CSCC19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Cytopathology 6 (CSCY19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Forensic Pathology 6 (CSFP19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Hematopathology 6 (CSHP19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Microbiology 6 (CSMB19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Surgical Pathology 6 (CSSP19)	\$449.00	\$549.00	\$ _____
<input type="checkbox"/> Transfusion Medicine 6 (CSTM19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Renal Pathology 6 (CSRP19)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> 8-Series Package 48 (CSCM19)	\$2,199.00	\$2,799.00	\$ _____
Grand Total			\$ _____

*Call for price for over 20 participants

Participant Name/Product(s)

 **Required Administrator Information**

Please provide Laboratory Administrator's contact information in order to allow access to content in 2019.

Name: _____ ASCP Member ID (if available):

Email address: _____

Phone: _____

SHIP CUSTOMER #

BILL CUSTOMER #

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 _____

I want to pay by credit card. Please call me at _____

Date/Time _____



312.541.4472 to ensure your site is set up online for 2019.