

☒ **YES! Please renew my Cytology Assessment subscription for 2019 as indicated.**

Cytopathology Assessment Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> NonGYN Assessment (NGYN19-GLASS)	\$775	_____	_____	\$ _____
<input type="checkbox"/> NonGYN Digital (NGYN19-DIGITAL)	\$725	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment (GYN19-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 _____ <input type="checkbox"/> I want to pay by credit card. Please call me at _____ Date/Time _____
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