

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 2024 as indicated.

Series Selection	Institutional Package Price (up to 3 participants per section)	Institutional Package Price (4-20 participants*)	
<input type="checkbox"/> Clinical Chemistry Series 2024 (CSCC24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Cytopathology Series 2024 (CSCY24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Forensic Pathology Series 2024 (CSFP24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Hematopathology Series 2024 (CSHP24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Microbiology Series 2024 (CSMB24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Surgical Pathology Series 2024 (CSSP24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Transfusion Medicine Series 2024 (CSTM24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Renal Pathology Series 2024 (CSRP24)	\$299.00	\$399.00	\$ _____
<input type="checkbox"/> Complete 8-Series Package (CSCM24)	\$2,199.00	\$2,799.00	\$ _____
		Grand Total	\$ _____

*Call for price for over 20 participants

Participant	Name/Product(s)

ASCP will follow up for participant information.

Required Administrator Information

Please provide Laboratory Administrator's contact information in order to allow access to content in 2024.

Name: _____ ASCP Member ID (if available):

Email address: _____

Phone: _____

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 _____

Please Fax to: 312-541-4472 to ensure your site is set up online for 2024.

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