



By Fax:
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and transmit a copy of
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Please have credit card
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Chicago, IL 60678-1034
Include check payable to ASCP
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YES! Please renew my CheckPath subscription for 2022 as indicated.

| Product Name | Price <i>After 10/31</i> | Quantity | # of Participants | Quantity x Price |
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| <input type="checkbox"/> Anatomic Pathology Virtual (CPAN22-VIRTUAL) | \$799 | _____ | _____ | \$_____ |
| <input type="checkbox"/> Clinical Pathology Virtual (CPCL22-VIRTUAL) | \$799 | _____ | _____ | \$_____ |
| <input type="checkbox"/> Hematopathology Virtual (CPHM22-VIRTUAL) | \$799 | _____ | _____ | \$_____ |
| Total # of participants _____ x \$99 per program = | | | | \$_____ |
| Grand Total | | | | \$ |

| Participant Name |
|------------------|
| |

| | |
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| SHIPPING ADDRESS: | BILLING ADDRESS: |
| Purchase Order Number (please attach a copy of the purchase order) _____ | |
| Contact Person _____ | |
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| <input type="checkbox"/> I want to pay by credit card. Please call me at _____ | |
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