

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.

Series Selection	Institutional Package 1 Price	Institutional Package 2 Price	
Clinical Chemistry 6 (CSCC23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Cytopathology 6 (CSCY23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Forensic Pathology 6 (CSFP23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Hematopathology 6 (CSHP23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Microbiology 6 (CSMB23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Surgical Pathology 6 (CSSP23)	<input type="checkbox"/> \$449 (Up to 3 Participants)	<input type="checkbox"/> \$549 (4-20 Participants*)	\$ _____
Transfusion Medicine 6 (CSTM23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
Renal Pathology 6 (CSRP23)	<input type="checkbox"/> \$299 (Up to 3 Participants)	<input type="checkbox"/> \$399 (4-20 Participants*)	\$ _____
8-Series Package 48 (CSCM23)	<input type="checkbox"/> \$2,199 (Up to 3 Participants)	<input type="checkbox"/> \$2,799 (4-20 Participants*)	\$ _____
			Grand Total: \$ _____

**Call for price for over 20 participants*

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 2023.

Name: _____

Email address: _____

Phone: _____ ASCP Member ID (if available): _____

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 _____

IMPORTANT! For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.

Please Fax to:

312-541-4472 to ensure your site is set up online for 2023.