



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! Please renew my Cytology Assessment subscription for 2023 as indicated.

Product Name	Price	Quantity	# of Participants	Quantity x Price
<input type="checkbox"/> Anatomic Pathology Virtual (CPAN23-VIRTUAL)	_____	_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology Virtual (CPCL23-VIRTUAL)	_____	_____	_____	\$ _____
<input type="checkbox"/> Hematopathology Virtual (CPHM23-VIRTUAL)	_____	_____	_____	\$ _____
Total # of participants _____ x _____ per program =				\$ _____
Grand Total				\$ _____

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 _____

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