

By Fax:
 Fax to 317-569-0221
 and transmit a copy of
 your purchase order.

By Phone:
 317.569.9470
 Monday-Friday (8am-5pm 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.

Cytopathology Assessment Program	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> NonGYN Assessment (NGYN23-GLASS)	_____	_____	_____	\$ _____
<input type="checkbox"/> NonGYN Digital (NGYN23-DIGITAL)	_____	_____	_____	\$ _____
<input type="checkbox"/> NonGYN Virtual (NGYN23-VIRTUAL)	_____	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment (GYN23-GLASS)	_____	_____	_____	\$ _____
<input type="checkbox"/> GYN Virtual (GYN23-VIRTUAL)	_____	_____	_____	\$ _____

Total # of participants _____ x _____ per program = \$ _____

For GYN, select prep type:

All SurePath

All Thin Prep

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 # _____
-----------------------	-----------------------

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.