



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

By Phone:
 317-569-9470
 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.

Product Name	Price	Quantity	# of Participants	Quantity x Price
<input type="checkbox"/> Anatomic Pathology Virtual (CPAN24-VIRTUAL)		_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology Virtual (CPCL24-VIRTUAL)		_____	_____	\$ _____
<input type="checkbox"/> Hematopathology Virtual (CPHM24-VIRTUAL)		_____	_____	\$ _____
TOTAL # OF PARTICIPANTS _____				\$ _____
x \$ _____ per program				\$ _____
Grand Total				\$ _____

Participant Name

ASCP will follow up for participant information.

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 _____
IMPORTANT! For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.		<input type="checkbox"/> I want to pay by credit card. Please call me at _____ Date/Time _____