

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.

S	eries Selection	Institutional Package Price (up to 3 participants per section)	Institutional Package Price (4–20 participants*)	
	Clinical Chemistry Series 2025 (CSCC25)	\$299.00	\$399.00	\$
	Cytopathology Series 2025 (CSCY25)	\$299.00	\$399.00	\$
	Forensic Pathology Series 2025 (CSFP25)	\$299.00	\$399.00	\$
	Hematopathology Series 2025 (CSHP25)	\$299.00	\$399.00	\$
	Microbiology Series 2025 (CSMB25)	\$299.00	\$399.00	\$
	Surgical Pathology Series 2025 (CSSP25)	\$299.00	\$399.00	\$
	Transfusion Medicine Series 2025 (CSTM25)	\$299.00	\$399.00	\$
	Renal Pathology Series 2025 (CSRP25)	\$299.00	\$399.00	\$
	Complete 8-Series Package (CSCM25)	\$2,199.00	\$2,799.00	\$
	*Call for price for over 20 participants		Grand Total	\$

Participant

Name/Product(s)

ASCP will follow up for participant information.

•	Required	Administrator	Information
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Please provide Laboratory Administrator's contact information in order to allow access to content in 2025.

Name:		ASCP Member ID (if available):		
Email address:				
Phone:				
SHIP CUSTOMER #	BILL CUSTOMER #			
Please verify your shippin	ng and billing information. Indicate a	ny changes.		
SHIPPING ADDRESS:	BILLING ADDRESS:	Purchase Order Number (please attach a copy of the purchase order)	_	
		Contact Person		
		Contact Person Email (required)		
		Accounts Payable Email (required)		
		Phone Fax		
		\Box I want to pay by credit card. Please call me at		
		Date/Time	_	
		Please Fax to: 312-541-4472 to ensure your site is set up online for 2025.		