



**By Fax:**  
 Fax to 312.541.4472  
 and transmit a copy of  
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**YES!** Please renew my CheckPath subscription for 2021 as indicated.

Product Name	Price	Quantity	# of Participants	Quantity x Price
<input type="checkbox"/> Anatomic Pathology (CPAN21-GLASS)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology (CPCL21)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Hematopathology (CPHM21-GLASS)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Anatomic Pathology Virtual (CPAN21-VIRTUAL)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Clinical Pathology Virtual (CPCL21-VIRTUAL)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Hematopathology Virtual (CPHM21-VIRTUAL)	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> Virtual Materials with Glass Slides	\$ _____	_____	_____	\$ _____
<input type="checkbox"/> CPAN21-VGLASS				
<input type="checkbox"/> CPHM21-VGLASS				
Total # of participants _____ x \$ _____ per program =				\$ _____
<b>Grand Total</b>				\$

Participant Name

<b>SHIP CUSTOMER #</b>	<b>BILL CUSTOMER #</b>
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<b>SHIPPING ADDRESS:</b>	<b>BILLING ADDRESS:</b>	Purchase Order Number (please attach a copy of the purchase order) _____
		Contact Person _____
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		<input type="checkbox"/> I want to pay by credit card. Please call me at _____
		Date/Time _____
CP1-CS-21-WEB		