



**By Fax:**  
 Fax to 317-569-0221  
 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 CheckPath subscription for 2022 as indicated.

| Product Name   | Price<br><i>Before 10/31</i> | Price<br><i>After 10/31</i> | Quantity | # of Participants | Quantity x Price |
|--|------------------------------|-----------------------------|----------|-------------------|------------------|
| <input type="checkbox"/> Anatomic Pathology Virtual (CPAN22-VIRTUAL) | \$699                        | \$799                       | _____    | _____             | \$_____          |
| <input type="checkbox"/> Clinical Pathology Virtual (CPCL22-VIRTUAL) | \$699                        | \$799                       | _____    | _____             | \$_____          |
| <input type="checkbox"/> Hematopathology Virtual (CPHM22-VIRTUAL)    | \$699                        | \$799                       | _____    | _____             | \$_____          |
| Total # of participants _____ x \$99 per program =                   |                              |                             |          |                   | \$_____          |
| <b>Grand Total</b>   |                              |                             |          |                   | \$ _____         |

| Participant Name |
|------------------|
|                  |

|                       |                       |
|-----------------------|-----------------------|
| SHIP CUSTOMER # _____ | BILL CUSTOMER # _____ |
|-----------------------|-----------------------|

**Please verify your shipping and billing information. Indicate any changes.**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>SHIPPING ADDRESS:</b> | <b>BILLING ADDRESS:</b> | 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 _____  |