



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

**By Phone:**  
800.267.2727  
Monday-Friday (8:30am-5pm CT)  
(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 <i>After 10/31</i>	Quantity	# of Participants	Quantity x Price
<input type="checkbox"/> Anatomic Pathology Virtual (CPAN22-VIRTUAL)	\$799	_____	_____	\$_____
<input type="checkbox"/> Clinical Pathology Virtual (CPCL22-VIRTUAL)	\$799	_____	_____	\$_____
<input type="checkbox"/> Hematopathology Virtual (CPHM22-VIRTUAL)	\$799	_____	_____	\$_____
Total # of participants _____ x \$99 per program =				\$_____
<b>Grand Total</b>				<b>\$</b> _____

Participant Name

<b>SHIP CUSTOMER #</b>	<b>BILL CUSTOMER #</b>
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**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 _____