

Series Selection	Institutional Package 1 Price	Institutional Package 2 Price	
<b>Clinical Chemistry 6</b> (CSCC23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Cytopathology 6</b> (CSCY23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Forensic Pathology 6</b> (CSFP23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Hematopathology 6</b> (CSHP23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Microbiology 6</b> (CSMB23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Surgical Pathology 6</b> (CSSP23)	<input type="checkbox"/> <b>\$449</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$549</b> (4-20 Participants*)	\$ _____
<b>Transfusion Medicine 6</b> (CSTM23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>Renal Pathology 6</b> (CSRP23)	<input type="checkbox"/> <b>\$299</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$399</b> (4-20 Participants*)	\$ _____
<b>8-Series Package 48</b> (CSCM23)	<input type="checkbox"/> <b>\$2,199</b> (Up to 3 Participants)	<input type="checkbox"/> <b>\$2,799</b> (4-20 Participants*)	\$ _____
<div> <i>*Call for price for over 20 participants</i> <div>Grand Total: \$ _____</div> </div>			

## ASCP will follow up for participant information.

### ➔ Required Administrator Information

Please provide Laboratory Administrator's contact information in order to allow access to content in 2023.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ ASCP Member ID (if available): \_\_\_\_\_

SHIP CUSTOMER #

BILL CUSTOMER #

### 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

☐ I want to pay by credit card. Please call me at \_\_\_\_\_

Date/Time \_\_\_\_\_

**IMPORTANT!** For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.

Please Fax to:

312-541-4472 to ensure your site is set up online for 2023.