ASCP CHECKPATH™

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

By Phone:
317-569-9470
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.

Product Name	Price	Quantity	# of Participants	Quantity x Price
☐ Anatomic Pathology Virtual (CPAN26-VIRTUAL)	$899.00	_____	_____	$_____
☐ Clinical Pathology Virtual (CPCL26-VIRTUAL)	$899.00	_____	_____	$_____
☐ Hematopathology Virtual (CPHM26-VIRTUAL)	$899.00	_____	_____	$_____
			TOTAL # OF PARTICIPANTS _____x $119 per program	$_____
		Grand Total		$_____

Participant Name

ASCP will follow up for participant information.

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 _____

Contact Person Email (required) _____

Accounts Payable Email (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.