

Series Selection	Price/Program	Quantity	# of Participants/Program	Program Price x Quantity
<input type="checkbox"/> NonGYN Digital (NGYN26-DIGITAL)	\$899	_____	_____	\$ _____
<input type="checkbox"/> NonGYN Virtual (NGYN26-VIRTUAL)	\$799	_____	_____	\$ _____
<input type="checkbox"/> GYN Virtual (GYN26-VIRTUAL)	\$699	_____	_____	\$ _____
Also Available				
<input type="checkbox"/> NonGYN Assessment (NGYN26-GLASS)	\$1,099	_____	_____	\$ _____
<input type="checkbox"/> GYN Assessment (GYN26-GLASS)	\$999	_____	_____	\$ _____
<div style="display: flex; justify-content: space-between;"> <div> <p>For GYN, select prep type:</p> <p><input type="checkbox"/> All SurePath</p> <p><input type="checkbox"/> All Thin Prep</p> </div> <div> <p>Total # of participants _____ x \$119 per program = \$ _____</p> <p>Assessment Program Subtotal: \$ _____</p> <p>Bundle Discount: \$ _____</p> <p>Grand Total: \$ _____</p> <p>If both GYN and NonGYN programs are purchased, apply bundle discount (-\$75)</p> </div> </div>				

Participant Name

ASCP will follow up for participant information.

SHIP CUSTOMER #	BILL CUSTOMER #
<p>Please verify your shipping and billing information. Indicate any changes.</p>	
<p>SHIPPING ADDRESS:</p>	<p>BILLING ADDRESS:</p>
<p>Purchase Order Number (please attach a copy of the purchase order) _____</p> <p>Contact Person _____</p> <p>Contact Person Email (required) _____</p> <p>Accounts Payable Email (required) _____</p> <p>Phone _____ Fax _____</p> <p><input type="checkbox"/> I want to pay by credit card. Please call me at _____</p> <p>Date/Time _____</p>	
<div style="background-color: #003366; color: white; padding: 10px; text-align: center;"> <p>IMPORTANT! For your protection, ASCP no longer gathers credit card info via mail or fax. Please call to give ASCP your credit card information.</p> </div>	