

Program

Price

GYN PT 2008 - A CMS-approved GYN Proficiency Test leveraging the experience of over 19,000 events

\$995

GYN PT & Lab Comparison 2008 - GYN PT + one shipment of 12 GYN cases for Lab Comparison with target answers & statistics

\$1,350

TEST DATE CHOICE

Please indicate your top three dates (month/day) in order of preference for your 2008 ASCP **GYN PT Testing**. Testing will be scheduled for ONE of these dates:

2008 1. _____ 2. _____ 3. _____

If choosing **PT & Lab Comparison***, please indicate in order of preference your date for the single shipment of Lab Comparison:

2008 1. _____ 2. _____ 3. _____

*Lab Comparison is only one way to meet CAP LAP accreditation requirements. For a more in-depth education program, consider ASCP GYN Assessment. For more information, check the web at www.ascp.org.

PROGRAM FEE \$ _____

Total participant Fee = (# of participants) _____ X \$75 \$ _____

Recording Fee for each additional
CLIA GYN Certificate _____ X \$500 \$ _____

Grand Total - All Fees \$

ASCP will follow-up for proctor and participant information.

ASCP Proctors are available for an additional fee.

Enrollment Information

Order by Phone

800.267.2727
(outside the U.S., 312.541.4890)
Mon-Fri (8:00am–5:00pm CT)
Please have your email address
and credit card available.

Order by Fax

317.569.0221
Please include email address &
credit card information or transmit
a copy of your purchase order with
order form.

Order by Mail

ASCP
3462 Eagle Way
Chicago, IL 60678-1034
Include email address, credit card
information, a check payable to
ASCP, or a purchase order.

Information Online

www.ascp.org/proficiencytesting

Shipping Information

Laboratory Director Name _____
Institution _____
CLIA #: _____
CAP Accreditation No (if using for CAP LAP purposes): _____
Address _____

City _____ State _____ Zip _____
Email (required) _____
Phone _____ Fax _____

Ordering and Payment Information

If you have an ASCP ID, enter it in the boxes below as it appears on your membership card. It begins with a zero. Prepayment by check, credit card, or purchase order is required in order to process your order.

0

- ☐ Check enclosed (please make payable to ASCP)
☐ Purchase order number (please attach copy of the purchase order)

Please charge to: ☐ Visa ☐ MasterCard ☐ AMEX Account # _____

Account # _____ Expiration Date _____

Signature _____ Phone _____

Billing Information

Contact Name _____
Institution _____
Address _____

City _____ State _____ Zip _____
Email (required) _____
Phone _____ Fax _____