



Letter of Invitation Request Form

Deadline for Requests: August 1, 2014

Please submit a completed request form and proof of payment for ASCP 2014 via email to 2014annualmeetingrequest@ascp.org.

Name _____	Country _____
Company _____	Country Code _____
Address 1 _____	City Code _____
Address 2 _____	Telephone Number _____
City _____	Email Address _____
State/Province _____	Web Site _____
ZIP/Postal Code _____	

Please remember to include your email address on the form as this is where the personalized letter will be sent.

Confirmation Number: _____
(Number provided to you upon payment for the 2013 Annual Meeting)

Or attach a copy of the confirmation email you received as proof of payment for ASCP 2014.

Cancellations Policy

A full refund will be issued for cancellations received in writing no later than August 30, 2014. Refunds are not issued for cancellations after August 30, 2014. ASCP reserves the right to cancel a program due to circumstances beyond its control or for insufficient registration. Registrants will be notified immediately and allowed to obtain a full refund. The Society is not responsible for penalties incurred as a result of cancelled transportation. Please notify us in advance by contacting ASCP Customer Service at 800.267.2727, option 2; international callers: 312.541.4890; or www.ascp.org/feedback.

The deadline for requests is August 1, 2014. Requests will be processed within 10 business days after receipt of payment for ASCP 2014 and the completed Letter of Invitation Request form. Submit completed forms via email to 2014annualmeetingrequest@ascp.org.

A completed Letter of Invitation Request form and proof of payment must be submitted together to ASCP Customer Service via email at 2014annualmeetingrequest@ascp.org



American Society for Clinical Pathology
3462 Eagle Way
Chicago, IL 60678-1033

Customer Service: 800.267.2727
International: 312.541.4890