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Registration Form Quality Assurance Center (QAC)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

You **MUST** fill in your email address in order to receive your user name and password.

WORKBENCH SELECTION(S)

Please select from list below which workbenches(s) you would like to participate in. QAC Workbenches offer 2 CE credits. Members receive CE certificates free of charge. CE certificate is included in price for non-members.

The Lean Cytopathology Laboratory Workbench

- \$45 Member Rate
- \$65 Non Member Rate

TOTAL: \$ _____

ASCT Validation Workbench

- \$45 Member Rate
- \$65 Non Member Rate

TOTAL: \$ _____

TOTAL AMOUNT DUE: \$ _____

All subscriptions last for 6 months from the date of registration and access to the workbenches and resources are available for the entire 6 month period. Please fill out the registration form and email or fax to ASCT with payment. You will receive your user name and password via email from ASCT after payment is received.

Payment Information

- Check** (payable to ASCT)
- Credit Card**
 - Visa
 - MasterCard

Name on Card: _____

Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Total Amount Due: _____