



1500 Sunday Drive, Suite 102
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(800) 948-3947 Fax (919) 787-4916
www.asct.com

Quality Assessment Center (QAC) Registration Form

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

- | | | | | |
|--------------------------|------|-----------------|--------|---------|
| <input type="checkbox"/> | \$45 | Member Rate | | |
| <input type="checkbox"/> | \$65 | Non Member Rate | TOTAL: | \$_____ |

Document Control for Cytopathology

- | | | | | |
|--------------------------|------|-----------------|--------|---------|
| <input type="checkbox"/> | \$45 | Member Rate | | |
| <input type="checkbox"/> | \$65 | Non Member Rate | TOTAL: | \$_____ |

ASCT Cell Block Basics Workbench

- | | | | | |
|--------------------------|------|-----------------|--------|---------|
| <input type="checkbox"/> | \$45 | Member Rate | | |
| <input type="checkbox"/> | \$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: _____