

# REGISTRATION

## 2018 Annual Meeting CME Payment Form

**Maximum number  
of CME credits is  
30.5**

This activity ("American Society for Investigative Pathology [ASIP] 2018 Annual Meeting") has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society for Clinical Pathology (ASCP) and the American Society for Investigative Pathology (ASIP). ASCP is accredited by the ACCME to provide continuing medical education for physicians.

The ASCP designates this "live" educational activity ("ASIP 2018 Annual Meeting") for a maximum of 30.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only credit commensurate with the extent of their participation in the activity.



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240.283.9712  
cme@asip.org

**www.asip.org**  
**#ASIP2018**

### Registration Information *(Please Print Clearly)*

Name/Degree \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**ASIP 2018 Annual Meeting CME Credits  
30.5 AMA PRA Category 1 Credit(s)<sup>™</sup>**

<b>ASIP Member Fee</b>	<b>FREE</b>
<b>Non-Member Fee</b>	<b>\$100.00</b>

### Payment Information

Check Enclosed (US Dollars)  Cash (US Dollars)

VISA  Amex  MC Exp. Date \_\_\_\_\_

Credit Card # \_\_\_\_\_

CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*NOTE: If you are paying your CME application fee by check, please make it payable to ASIP.*