



2011 ASHI PUBLICATION ORDER FORM

SECTION 1: Please select the publication(s).

ASHI Laboratory Manual: Supplement 2

	<u>ASHI Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Printed Supplement Packet (8 Procedures)	\$100.00	\$125.00
<input type="checkbox"/> Interactive CD (8 Procedures)	\$100.00	\$125.00
<input type="checkbox"/> Both Printed & CD Set	\$150.00	\$175.00

ASHI Laboratory Manual: Supplement 1

	<u>ASHI Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Printed Supplement Packet (7 Procedures)	\$100.00	\$125.00
<input type="checkbox"/> Interactive CD (7 Procedures)	\$100.00	\$125.00
<input type="checkbox"/> Both Printed & CD Set	\$150.00	\$175.00

ASHI Laboratory Manual*

	<u>ASHI Member</u>	<u>Non Member</u>
<input type="checkbox"/> Two Volume Printed Set	\$250.00	\$350.00
<input type="checkbox"/> Two Volume Interactive CD	\$200.00	\$300.00
<input type="checkbox"/> Both printed & CD Two Vol. Set	\$300.00	\$400.00

*The complete two volume set contains all new procedures offered in laboratory manual supplements 1 & 2.

ASHI Patient Information Brochure

	<u>50 Brochures</u>	<u>100 Brochures</u>
<input type="checkbox"/> HLA & Organ Transplantation <input type="checkbox"/> English or <input type="checkbox"/> Spanish (check one)	\$75.00	\$130.00
<input type="checkbox"/> HLA & Stem Cell Transplantation <input type="checkbox"/> English or <input type="checkbox"/> Spanish (check one)	\$75.00	\$130.00

Section 2: Please select the shipping.

Laboratory Manual Shipping & Handling

- US, Canada, Mexico \$30.00 (printed set & CD) / \$5.00 (CD only)
- International \$45.00 (printed set & CD) / \$10.00 (CD only)

Patient Information Brochure Shipping & Handling

- US, Canada, Mexico \$5.00
- International \$15.00

ORDER – Please check your order to the left and complete the information below. Remember to include the appropriate shipping and handling charges.

ASHI MEMBER NO.: _____

Mail To Name: _____ Phone: _____

Company Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____

Payment Information (Be sure to include shipping fees from the left in your total.)

Attached is my check # _____ for the amount of \$_____ (US Bank only)

Charge my credit card in the amount of \$_____

Credit Card Type: VISA MasterCard American Express

Print Name of Cardholder

Signature of Cardholder

Card No. _____ Expiration Date: _____

Please fax to (856) 439-0525 or
mail to ASHI 15000 Commerce Pkwy., Suite C, Mt. Laurel, NJ 08054

THANK YOU FOR YOUR ORDER AND SUPPORT!