

CLSI Order Form



Bill to: (Please print.)

Name: _____
 Organization: _____
 Address: _____

 City: _____ State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 E-mail: _____

Ship to (if different than billing address): (Please print.)

Name: _____
 Organization: _____
 Address: _____

 City: _____ State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 E-mail: _____

Qty	Item Code	Title	PDF/Print	Promo Code	Price	Total

Interested in ordering 10 or more copies of a document?
 Contact customerservice@clsi.org for a custom quote.

Subtotal	
Shipping/Handling	(See info below)
Total	

CLSI Membership Discounts	
Type of Membership	Percentage
Level I or Health System Organization	70%
Level II Organization	60%
Level III Organization	50%
Individual Full	25%
Individual Student	25%
Individual Associate	15%

CLSI Account # (if unknown, answer N/A):

Method of Payment

Payment enclosed in full MasterCard
 Visa American Express Discover

Card Number

Expiration Date (MM/YY): CSV:

Name (as it appears on credit card)

Purchase order MUST be faxed or mailed.
 Payment due in full upon receipt of invoice.
 Federal Tax ID #23-7089361

Shipping and Handling

CLSI shipping rates are based on product weight and shipping location/distance. These changes will be confirmed in the purchase order. Please contact us for a quote with detailed pricing.

Mail to:

Clinical and Laboratory Standards
 Institute
 PO Box 645766
 PITTSBURGH, PA 15264
 USA

Wire Transfer

Contact customerservice@clsi.org.

Thank you for your order. Please photocopy this form for multiple orders.