CLSI Order Form



Bill to: (Please print.)

Telephone: E-mail: _

Name:	
Organization:	
Address:	
City:	State/Province:
Zip/Postal Code:	
Country:	

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

Organization: _____ Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: ____ Telephone: _____

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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%			

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:

Institute PO Box 645766 PITTSBURGH, PA 15264

USA

Clinical and Laboratory Standards

Wire Transfer

Contact customerservice@clsi.org.

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

Method of Payment

Payment enclo	MasterCard						
Visa	American Express	Discover					
Card Number							
Expiration Date (A	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

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