# **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: \_\_\_\_\_

E-mail: \_

| Qty  | Item Code | Title | PDF/Print         | Promo Code | Price            | Total |
|--|-----------|-------|-------------------|------------|------------------|-------|
|  |           |       |                   |            |                  |       |
|  |           |       |                   |            |                  |       |
|  |           |       |                   |            |                  |       |
|  |           |       |                   |            |                  |       |
|  |           |       |                   |            |                  |       |
| Interested in ordering 10 or more copies of a document?<br>Contact <b>customerservice@clsi.org</b> 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.