



American Society for Veterinary Clinical Pathology

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2016 ASVCP Case Review Sets

The 2016 ASVCP Case Review Sets will be sold on the same priority basis as in previous years. Twenty (20) sets are reserved for **purchase** by the presenters of the 2016 cases (NOTE: slide sets are not provided gratis for the presenters). Additional "Institutional Sets" are reserved for purchase by schools or colleges of veterinary medicine that grant a DVM or equivalent degree (NOTE: Institutional Sets must be purchased by an ASVCP member at the institution). To be eligible for either a Presenter Set or an Institutional Set, the order form with payment must be **RECEIVED BY** the ASVCP Office **no later than August 1, 2016**. After August 1, all remaining slide sets will be sold to ASVCP members in sequential order starting with the earliest submission dates on the applications. **Case Review Sets can be sent via UPS or FedEx, this additional shipping fee, once calculated, will be applied to the total cost.** Payments for orders not filled will be refunded. To order a Case Review set, please submit this order form with payment to the ASVCP National Office or complete online form (available at www.asvcp.org/meeting/caseReview/).

Order Form

Case Review Set Type:

- Institutional Set (One set per school or college)

Name of Institution: _____

Name of ASVCP member at this Institution: _____

- Personal Set or Presenter Set (Availability of Personal Sets is based on earliest postmark dates on order)

Address to which the Case Set (to be distributed in September) should be sent:

Name: _____

Address: _____

Address: _____

City, State, Zip, Country: _____

E-Mail: _____

Payment:

- \$110 for each set to be mailed within North America
 \$135 for each set mailed to other countries
 Optional Shipping via UPS or FedEx. (*Fees incurred for UPS/FedEx shipping will be added to the cost of the Case Review Set and charged to your credit card.*)

- Check/Money Order made payable to ASVCP
 Credit Card: VISA MasterCard American Express

Credit Card Number: _____ Expiration Date (MM/YY): _____

Signature: _____ Date: _____

Please submit the completed order form and payment to:

Mail: ASVCP National Office, Attn: Case Review Sets, 2424 American Lane, Madison, WI 53704
Fax: +1-608-443-2474

Questions?

If you have any questions, please contact ASVCP at info@asvcp.org or at 608-443-2479.