



**Telephone**

800-323-4040 or 847-832-7000 option 1

**Mail**

Send completed order form with your check, a copy of institutional purchase order (if applicable), or VISA/MasterCard/AMEX information to:

Customer Data Management  
College of American Pathologists  
325 Waukegan Road  
Northfield, IL 60093-2750

**Fax or email**

Send completed order form to 847-832-8168, ATTN: Customer Data Management or email [cdm@cap.org](mailto:cdm@cap.org). Include a copy of institutional purchase order or credit card information. Orders must include your area code and telephone number.

**Sales Tax**

If your organization is exempt from sales tax, enclose a copy of your tax-exempt or resale certificate.

**International Customers**

After receiving a request for the CAP checklists, the CAP will issue a proforma invoice, the order will be emailed when remittance is received. All international orders must be fulfilled in US currency. Please provide your full address and telephone number.

**Order Information**

Description LAP9981	2020 CAP Accreditation Checklists	
Product Code	Member Price	Nonmember Price
Price	\$1050.00	\$1200.00
Sales Tax (Add appropriate sales tax for your location)		
<b>Total Amount Enclosed</b>		

*Note: New editions of the CAP Accreditation Checklists are typically released in the third quarter each year. Access to the checklists will be emailed/sent to the email address provided in the Shipping Information section.*

**Payment (must be in US dollars)**

- Check enclosed, payable to College of American Pathologists
- Purchase order/signed institutional P.O. Number
  - VISA     MasterCard     AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Authorization \_\_\_\_\_

**Billing Information**

(Please type or print clearly)

\_\_\_\_\_  
Billing Contact

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Billing Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CAP Member Number

**Shipping Information**

(If different from billing)

\_\_\_\_\_  
Shipping Contact

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Billing Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CAP Member Number