CLSI Order Form

CLSI

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
					Subtotal	
					Shipping/Handling (See info below)	
					Total	

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

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	
Within the USA	**Add 10%** (min $10)
All other locations	**International Express** **Add 35%** (min $40)

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

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.