

Please **TYPE/PRINT** and complete **ALL** sections.

Section I - Organization

Company Name: _____	Department: _____
Address: _____	Phone: _____
Suite/Building: _____	Fax: _____
City/State/Zip: _____	Website: _____

Section II - Group Primary Contact

Name: _____	Email: _____
Address: _____	Phone: _____
City/State/Zip: _____	Fax: _____

Section III - List Group Members For more than 8 members, please attach separate sheet.

**** THIS LIST MUST INCLUDE PATHOLOGIST FULL NAME AND A VALID EMAIL ADDRESS. ****

#	First Name	Last Name	Email	Phone
1				
2				
3				
4				
5				
6				
7				
8				

Section IV - Payment Options

	Group Membership Renewal	Group Rate Schedule	Amount
<input type="checkbox"/>	A. Group rates are determined by the number of members in the group. Savings begin with 4 members. The maximum savings is \$30 per person. See Schedule. →	1-3 @ \$200 ea. 4-8 @ \$190 ea. – <i>Savings \$10 per member</i> 9-15 @ \$180 ea. – <i>Savings \$20 per member</i> 16+ @ \$170 ea. – <i>Savings \$30 per member</i>	(number of members multiplied by rate) \$
<input type="checkbox"/>	B. Advocacy Donation (Optional) Make a difference. Make a donation. Your contribution will aid with bolstering the voice of pathologists in the state of Michigan.		\$

Total Amount Enclosed \$ _____

C. Method of Payment

<input type="checkbox"/> Credit Card: Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC	Number: _____
Name on Card: _____	CVV#: _____ Exp. Date: _____
Billing Address: _____	City: _____ State/Zip: _____
Signature: _____	
<input type="checkbox"/> MSP Website: _____	
<input type="checkbox"/> Check: _____	

**** For MSP Accounting Use Only ****

Confirmation#: _____	Receipt Sent: _____
VMS Acct#: _____	Database: _____