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**EMAIL TO: cdm@cap.org**

## 2018 Laboratory Improvement Programs Order Form

**Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)**

Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		

Please allow 5 business days to process your renewal order.

Thank You!

Page Total \_\_\_\_\_

Subtotal from  
Prior Page(s) \_\_\_\_\_

Estimated Sales  
Tax\* \_\_\_\_\_

Fuel Surcharge \_\_\_\_\_

Order Total \_\_\_\_\_

\*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other fees are the responsibility of the customer at the time of delivery.

