



## Appearance Proficiency Testing Program 1 Year Registration

The Appearance Proficiency Program is being offered in an effort to increase the services provided by AATCC and supplements the Colorfastness Proficiency Testing Program that is also currently offered. **This program is offered twice per year in March and September.** The following AATCC test methods are being offered in this program:

TM 88B, Smoothness of Seams in Fabrics after Repeated Home Laundering  
TM 88C, Retention of Creases in Fabrics after Repeated Home Laundering  
TM 124, Appearance of Fabrics after Repeated Home Laundering  
TM 135, Dimensional Changes of Fabrics after Repeated Home Laundering

Specimens will be sent from the AATCC Technical Center to participating laboratories, along with instructions and report forms. Subscribing laboratories will perform the required tests on the fabric samples provided by AATCC and send their completed report forms to AATCC. AATCC will compile the data and send a summary report to the participating laboratories. A fee of \$450.00 per year will be assessed to participating laboratories. This includes circulation of samples and analysis of results **two times per year**. For laboratories not wanting to participate in all of the test methods, they may choose which ones they perform and will only be evaluated for those tests. The fee will not change if one or more tests are omitted. Each laboratory will be assigned an anonymous code, and only those laboratories participating will receive the summary report. To participate in the AATCC Proficiency Program Appearance Testing, fill out the form below and return it to AATCC.

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address \_\_\_\_\_

**SUPPLY ALL OF THE INFORMATION FOR EACH PARTICIPATING LABORATORY AND RETURN WITH PAYMENT OF \$450/LAB by February 2, 2007 to be included in the first round of tests that will be distributed by March 5, 2007.**

**Please check method of payment:**

- Check enclosed (**drawn on US bank**) Amount \$ \_\_\_\_\_  
 American Express     VISA     MasterCard

Card No: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Name as shown on card (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

**RETURN TO:**

AATCC  
Attention: Suzanne Holmes  
PO Box 12215  
Research Triangle Park, NC 27709-2215  
Telephone: 919-549-3537 Fax (919) 549-8933 E-mail: holmes@aatcc.org