



## Colorfastness Proficiency Testing Program 1 Year Registration

The Colorfastness Proficiency Program is being offered in an effort to increase the services provided by AATCC. This program will allow companies to determine how their laboratories perform in comparison with others around the globe. **It is offered twice per year in June and December.** The following AATCC test methods are being offered:

- TM 8, Colorfastness to Crocking
- TM 15, Colorfastness to Perspiration
- TM 16-Option 3, Colorfastness to Light
- TM 61, Colorfastness to Laundering, Home and Commercial: Accelerated
- TM 107, Colorfastness to Water

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 \$300.00 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 AATCC's Colorfastness Proficiency Testing, fill out the form below and return it to AATCC.

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address1** \_\_\_\_\_

**Address2** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email address** \_\_\_\_\_

**SUPPLY ALL OF THE INFORMATION FOR EACH PARTICIPATING LABORATORY AND RETURN WITH PAYMENT OF \$300/LAB by May 4, 2007 to be included in the first round of tests that will be mailed by June 8, 2007.**

**Please check method of payment:**

- Check (**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**  
**1 Davis Drive**  
**Research Triangle Park, NC 27709-2215**  
**Telephone: 919-549-3537 Fax (919) 549-8933 E-mail: holmes@aatcc.org**