



# Proficiency Testing Programs Registration Form

Dependable test results aren't an accident. The best labs test themselves regularly and AATCC Proficiency Testing Programs help you do just that. Anonymously gauge your laboratory's performance against that of hundreds of others around the globe. Register for any or all programs. For each program, AATCC sends samples twice a year to participating labs with instructions. Labs submit their test results online and AATCC compiles the data in a summary report. The report is distributed to participating labs with a code to identify their data.

To participate in any of the proficiency programs offered, complete the information below and return to AATCC. All Proficiency Programs are pre-pay only. More info at <http://www.aatcc.org/test/proficiency/>

### Full Year Registration

- US\$560 **Antibacterial Program**
- US\$560 **Appearance & Physical Properties Program**
- US\$360 **Colorfastness Program**
- US\$360 **Fiber Identification & Analysis Program**
- US\$360 **Visual Color Evaluation Program**
- US\$560 **Water Resistance & Repellency Program**

### Half Year Registration

- US\$320  April  October
- US\$320  March  September
- US\$210  June  December
- US\$210  Feb.  August
- US\$210  Jan.  July
- US\$320  May  November

For accounting purposes, this form should serve as your invoice.

Please select method of payment:

American Express     VISA     MasterCard    Exp. Date \_\_\_\_\_    Card Security Code\* \_\_\_\_\_

Card No \_\_\_\_\_

\*(VISA/MC: last 3 digits on back of card)  
\*(AE: 4 digits on front of card)

I give AATCC permission to draft my credit card for the above mentioned amount

Wire Transfer (requires additional US\$30.00 to cover bank fees)     Check (Drawn on US Bank)

Note: Use your four-digit lab code as your Wire Payment Reference Number. Payments that do not include your lab code cannot be applied to your registration.

Registration Fee US\$ \_\_\_\_\_ (pre-payment only)

Lab Code (four digit) \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Shipping Address \_\_\_\_\_

Shipping Address (cont.) \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\*Please note - if your country belongs to the EU (GDPR compliance):

I give AATCC permission to process and store this personal data to provide me with information about this requested Proficiency Testing Program.

If paying by credit card: Emailed information may not be secure. If you prefer not to email credit card information, print and fax this form or submit without payment information and call or email below person to complete your transaction.

RETURN TO: Garry Atkinson, [atkinsong@aatcc.org](mailto:atkinsong@aatcc.org) or Remington Scott [scottr@aatcc.org](mailto:scottr@aatcc.org)

\*\*If you do not know your lab code, please request via the Contact form [here](#).

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\*\*You may request the removal of your personal data, or to be removed from AATCC's Proficiency Testing mailing list, at any time. AATCC does not share your personal data with third parties. For more information about AATCC'S privacy policy, visit [www.aatcc.org](http://www.aatcc.org).