



AATCC Proficiency Testing Programs Registration Form

- For PTP details and online registration, visit www.aatcc.org/ptp.
- **Use this form ONLY for wire and check/ACH payments, or orders requiring a *pro forma* invoice.**
- Complete a separate form for each location to receive PTP samples.

- Full payment must be received by stated deadlines. Allow time for processing *pro forma* requests and wire transfers.
- Prices are subject to change without notice. Refer to [online store](#) for current prices.
- Additional fee applies for shipping to all addresses outside the US.
- Additional \$30 fee applies to all purchase by wire transfer.
- Shipping and wire fees will be included on the *pro forma* invoice.
- A final invoice/receipt will be emailed when payment is processed.
- Customer is responsible for all bank fees and taxes incurred.

*Select Program(s)

	Registration & Payment Deadline	Shipment	Price (USD)
<input type="checkbox"/> PTP2: Fiber Analysis	15 January	February	\$325
<input type="checkbox"/> PTP3: Appearance & Physical Properties	15 February	March	\$425
<input type="checkbox"/> PTP4: Antibacterial Properties	15 March	April	\$425
<input type="checkbox"/> PTP6: Colorfastness	15 May	June	\$425
<input type="checkbox"/> PTP7: Moisture Management	15 June	July	\$440
<input type="checkbox"/> PTP5: Resistance & Repellency	15 July	August	\$425
<input type="checkbox"/> PTP1: Color Evaluation	15 August	September	\$300

*Payment

I am requesting a *pro forma* invoice

I am submitting payment for an existing *pro forma* (invoice #: _____)

Wire transfer:

_____ PTP Total (from above) + \$30.00 Wire Fee + _____ Shipping (non-US addresses)

Additional \$30 MUST be included to cover the cost of wire transfer.

Check—must be drawn on a US bank:

_____ PTP Total (from above) + _____ Shipping (non-US addresses)

I do not require a *pro forma* invoice

US addresses only. Additional shipping fees apply for all others—request *pro forma* or [order online](#).

Wire transfer:

_____ PTP Total (from above) + \$30.00 Wire Fee

Additional \$30 MUST be included to cover the cost of wire transfer.

Check—must be drawn on a US bank:

_____ PTP Total (from above)



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*Contact Information

Lab Contact/Ship To		Bill To	
Lab Code:		Lab Code:	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Street Address 1:		Street Address 1:	
Street Address 2:		Street Address 2:	
Street Address 3:		Street Address 3:	
City:		City:	
State/Province:		State/Province:	
Postal Code:		Postal Code:	
Country:		Country:	
Phone Number:		Phone Number:	
**Email:		Email:	

Include email address of **one lab contact to receive the PTP data sheet and final report. Failure to do so will delay delivery of PTP documentation. If changes are needed to lab contact after the order is placed, complete the contact form at www.aatcc.org/ptp/#support.

To request a **pro forma invoice**, save and email completed form to:
ordering@aatcc.org.

To pay by check, print and mail completed form and check to:
AATCC
PO Box 12215
Research Triangle Park, NC 27709-2215
USA

Add me to the AATCC News mailing list to receive information about industry news and events.

Please note that the newsletter is an optional subscription. If you do not opt in, AATCC may still contact you regarding your order and updates specifically related to Proficiency Testing Programs.

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File name: PTP2024 Rev: 08/15/2023