



The Scientific Association Dedicated to Analytical Excellence®



Proficiency Testing Provider
Certificate Number 1782.01

AOAC Laboratory Proficiency Testing Program 2010 New Enrollment Application

INSTRUCTIONS: To enroll in the AOAC Laboratory Proficiency Testing Program, complete all sections (Steps 1-5) on this form including payment or a purchase order. **Once completed, click the "SUBMIT" button located on the bottom of page 2 to send electronically to AOAC.** Thank you.

STEP 1: PROGRAM SELECTION, RATES AND START DATE

Select the AOAC Laboratory Proficiency Testing Program (s) your laboratory is interested in enrolling by checking the appropriate box (s) to the left of the below listed programs. Next, total the program fees and the shipping fees, and select your start date (you must enroll 30 days prior to a scheduled shipment). **Prices are effective January 1, 2010 to December 31, 2010.**

<u>Proficiency Testing Programs</u>	<u>Annual Program Cost</u>	<u>Annual Shipping* Cost</u>
<input type="checkbox"/> M01 Standard Microbiology Program Ships: January, April, July, and October	\$3,200.00	\$700.00
<input type="checkbox"/> M08 Standard Microbiology Program without <i>E. coli</i> O157:H7 Ships: January, April, July, and October	\$3,200.00	\$700.00
<input type="checkbox"/> M09 Standard Microbiology Program without <i>E. coli</i> O157:H7 & <i>Listeria</i> Ships: January, April, July, and October	\$3,200.00	\$700.00
<input type="checkbox"/> M02 Pathogen-Free Microbiology Ships: February, May, August, and November	\$2,650.00	\$400.00
<input type="checkbox"/> M03 Meat Microbiology 1 (<i>Salmonella</i>) Ships: March, June, September, and December	\$2,400.00	\$760.00
<input type="checkbox"/> M04 Meat Microbiology 2 (<i>E. coli</i> O157:H7) Ships: March, June, September, and December	\$2,400.00	\$760.00
<input type="checkbox"/> M05 Meat Microbiology (<i>Listeria</i>) Ships: March, June, September, and December	\$2,400.00	\$760.00
<input type="checkbox"/> M10 Combination Meat Microbiology (<i>Salmonella</i>, <i>E. coli</i> O157:H7, & <i>Listeria</i>) Ships: March, June, September, and December	\$4,330.00	\$760.00
<input type="checkbox"/> M12 Combination Meat Microbiology (<i>Salmonella</i> & <i>Listeria</i>) Ships: March, June, September, and December	\$3,080.00	\$760.00
<input type="checkbox"/> C01 Meat Chemistry Ships: March, June, September, and December	\$2,050.00	\$350.00
<input type="checkbox"/> C02 Cheese Chemistry Ships: March, June, September, and December	\$2,050.00	\$350.00
<input type="checkbox"/> P01 Pesticide Residues in Fruits & Vegetables Ships: February, June, and October	\$4,000.00	\$360.00
TOTAL ENROLLMENT FEES		*Annual shipping costs are applicable to continental U.S. locations only. Please contact for non-continental U.S. and international shipments.
INTERNATIONAL SHIPPING FEES* if applicable		
Wire Transfer Fee (\$25 added when selecting "Bank Wire Transfer" in STEP 4)		
TOTAL DUE		

PROGRAM(S):		START (MONTH): <small>Must be 30 days prior to a shipment.</small>
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STEP 2: SHIPPING INFORMATION

Please provide the shipping address for sample delivery. *No P.O. Boxes*-only exact street shipping address. Shipping carriers cannot deliver to P.O. Boxes. Please contact the proficiency testing department at 301-924-7077 ext. 150 if shipping outside the continental United States, shipping cost may vary.

Contact Name: _____
Laboratory Name: _____
Street Address _____
City: _____ **State:** _____ **Postal Code:** _____ **Country:** _____
Telephone No.: * _____ **Fax No.:** _____
Email Address: * _____ **Hours of Operation:** _____

STEP 3: BILLING INFORMATION

Contact Name: _____
Company Name: _____
Street Address _____
City: _____ **State:** _____ **Postal Code:** _____ **Country:** _____
Telephone No.: * _____ **Fax No.:** _____
Email Address : * _____ **Hours of Operation:** _____

STEP 4: PAYMENT AND PURCHASE ORDER INFORMATION

Select a payment option below, and submit with enrollment form.

Bill my organization by purchase order. Purchase Order No. _____ **(Enclose copy of PO)**

Check No. _____ (Make payable to AOAC INTERNATIONAL. US funds ONLY.)

Mail to: AOAC INTERNATIONAL
481 N. Frederick Ave., Suite 500
Gaithersburg, MD 20877

Visa MasterCard

Credit card No. _____ **Expiration Date:** _____ **CSC #** _____

Name of card holder: _____

Bank Wire Transfer \$25.00 ** (For international customers only).

For bank wire transfer information please contact Customer Service at (301) 924-7077 ext. 170 or email at CustomerService@aoac.org.

**** After the wire transfer has been arranged with your bank, fax a copy of the wire transfer with enrollment form to 301-924-7087. There is an additional charge of \$25.00 for wire transfers**

STEP 5: SUBMIT TO AOAC

Click the "Submit" button below to send electronically to AOAC INTERNATIONAL.

Or you may print the form and send it via fax to (301) 924-7087. If you have questions regarding the programs or this application, please contact the proficiency testing department at 301-924-7077 ext. 153, or email at LPTP@aoac.org.