AIHA Proficiency Analytical Testing Programs 2026 Fee Schedule

Demonstrate Your Organization's Analytical Excellence

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General Guidelines

- Once enrolled in a PAT Program, a participant will begin to receive samples for the next available round (refer to <u>PAT Schedule</u>).
- PAT Programs are performance-based and do not specify a particular analytical method to be used, with the exception of NIOSH Method 7400 for asbestos and manmade fibers.
- Participants are required to store, handle, prepare, dispose, and analyze proficiency test items in the same manner as the majority of routinely tested samples.
- Retest PT rounds are available to all participants enrolled in the original round of testing, if available. Refer to PAT Schedule for ordering deadlines.
- Stock samples are available for purchase and are provided with a Certificate of Analysis.
- The PAT Enrollment Form(s) and Participation Agreement must be fully completed and legible in order for the application to be processed.
- All annual enrollment fees are non-refundable except for sample fees.
- After samples have been prepared and shipped participants may not return any unopened samples for a sample refund.
- There is a \$250 reinstatement fee for participants dropping from a PT program then re-enrolling later in the year.

Participation Agreement



A completed Participant Agreement must be submitted with Enrollment Form

Please	check appropriate PAT Program(s)			
	Industrial Hygiene Proficiency Analytical Testing (IHPAT) Program			
	Environmental Lead Proficiency Analytical Testing (ELPAT) Program			
	Bulk Asbestos Proficiency Analytical Testing (BAPAT) Program			
	Environmental Microbiology Proficiency Analytical Testing (EMPAT) Program			
	Beryllium Proficiency Analytical Testing (BePAT) Progra	ım		
	nission of this signed document to AIHA PAT Programs, the pa ns Participation Policies and the following:	rticipant acknowledges and agrees to the <u>AIHA PAT</u>		
(1)	Contact information will be posted in the publicly available PA information); the summary results and overall proficiency shall accreditation or contract purposes.			
(2)	Participant shall not submit, as their own, results for proficien discuss or share proficiency sample or test information with o misrepresent material information on applications or any writ Testing Programs, knowingly report fraudulent or erroneous of	ther participants prior to the close of the round, ten correspondence with the AIHA Proficiency Analytical		
(3)	The participant shall not use participation in a proficiency test laboratory. Any misrepresentation will result in the immediate			
(4)) Annual fees are non-refundable. A \$250 reinstatement fee will apply for participants voluntarily dropping participation from a PAT Program then re-enrolling later in the year.			
(5)	Any participant that has been dropped for non-payment and chooses to re-enroll will pay a \$250 reinstatement fee as well as the outstanding balance.			
(6)	Current participants are invoiced through an auto-renewal billing system and are billed prior to the beginning of the year for the upcoming year's annual fees. Notice must be sent in writing to drop participation in any PAT Program.			
(7)	Participants shall submit contact information changes by the next round enrollment deadline to ensure that samples are sent to the correct contact and location. Failure to submit the change in a timely manner by the enrollment deadline may result in undeliverable samples, sample replacement and shipping charges, missed submission dates, and thus failure of a round.			
(8)	3) After samples have been prepared and shipped participants may not return any unopened samples for a sample refund.			
(9)	Proficiency testing samples are shipped via a trackable carrie	r.		
(10)	Participants shall not send proficiency testing samples to an belongs to the organization at physical location enrolled. San location.			
Partic	ipant Organization Name	Participant Number		
	rized Signature	Print Name / Date		
Autno	rized Signature	Print Name / Date		



2026 Credit Card Charge Authorization

Company Information	l		
Company Name:			
Participant ID Number: _			
Invoice Number:			
Amount to be charged to	Credit Card:		
Amount to be enarged to	credit cara		
Credit Card Info			
Type of Credit Card	□ VISA	☐ Master Card	☐ American Express
Account Number:			
Expiration Date:		Code #	
Cardholder's Name:			
Canalla al da d'a Ciana atomas			
Caranolaer's Signature: _			

- \checkmark This form may be faxed to 703-207-8558 or mailed to the address at the bottom of the page.
- ✓ **Do not email this form**. For your security, this form will not be processed if sent by email. This could cause delays in your participation. Emailed credit card information will be deleted immediately.
- ✓ Make sure to **reference your Participant ID Number** when submitting the credit card authorization form to ensure that payment is posted to the correct account.



Industrial Hygiene PAT Program (IHPAT) 2026 ENROLLMENT

IHPAT	Enrollment deadline: 12/1/2025 4 sets, beginning with Round 244	Enrollment deadline: 03/1/2026 3 sets, beginning with Round 245	Enrollment deadline: 06/1/2026 2 sets, beginning with Round 246	Enrollment deadline: 09/1/2026 1 set, beginning with Round 247
☐ Annual Fee	□ \$1,760	□ \$1,410	□ \$1,130	□ \$ 910
Analytes				
☐ Metals	□ \$ 1,130	□ \$ 910	□ \$ 730	□ \$ 590
☐ Silica	□ \$ 2,775	□ \$ 2,220	□ \$1,780	□ \$1,430
☐ Asbestos	□ \$1,370	□ \$1,100	□ \$ 880	□ \$ 710
☐ Organic solvents	□ \$1,600	□ \$1,280	□ \$1,030	□ \$ 830
☐ Airborne Particulates***		□ \$1,225		□ \$ 800
☐ Mercury	□ \$1,575	□ \$1,260	□ \$1,010	□ \$ 810
☐ Formaldehyde*	□ \$ 2,200	□ \$1,760	□ \$1,410	□ \$1,130
☐ Thermal desorption tubes*	□ \$ 2,800	□ \$ 2,240	□ \$1,800	□ \$1,440
☐ Diffusive samplers**	□ \$1,220		□ \$ 800	
Select badge type:	O Assay Techn	ology (AT) O SKC		

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

Failure to do so will delay processing your enrollment and may result in your inability to participate in the next scheduled round

rullule to do so will delay processing your enrollment dild may r	esuit iii your iiiabiiity to participate iii the next scriedalea rouna.		
Are you currently an AIHA PAT Program	Payment Method		
participant? □ No □ Yes IF YES, Participant ID:	 Check: Enclose check for full amount due made payable to AIHA PAT Programs 		
Contact Name:	☐ Purchase Order: PO#		
Organization:	☐ Credit Card: Submit credit card information		
Address:	using the separate Credit Card Charge Authorization Form		
City:	Email your completed form to info.PATLLC@aiha.org		
State/Province:	Fax your completed form to +1 703.207.8558 Mail your completed form and payment to the address below.		
Zip/Postal Code:			
Country:			
Telephone:			
Fax:	Questions?		
E-mail:	Call AIHA PAT Programs at		

Provided by LCG AirPT (Formerly WASP Program).

^{**} Sent out twice a year (even IHPAT rounds). Cost is per badge type. Select badge type: Assay Technology (AT) or SKC.

^{***} Sent out twice a year (odd IHPAT rounds).



E-mail: _

Environmental Lead PAT Program (ELPAT) 2026 ENROLLMENT

	Enrollment	Enrollment	Enrollment	Enrollment
ELPAT	deadline: 01/15/2026	deadline: 04/15/2026	deadline: 07/15/2026	deadline: 10/15/2026
	4 sets, beginning	3 sets, beginning	2 sets, beginning	1 set, beginning
	with Round 134	with Round 135	with Round 136	with Round 137
☐ Annual Fee	□ \$1,760	□ \$1,410	□ \$1,130	□ \$ 910
Matrices				
Paint chips	□ \$ 1,130	□ \$ 910	□ \$ 730	□ \$ 590
☐ Soil	□ \$ 1,130 □ \$ 1,130	□ \$ 910 □ \$ 010	□ \$ 730	□ \$ 590
☐ Dust Wipe	□ \$ 1,130	□ \$ 910	□ \$ 730	□ \$ 590
			ELPAT SUBTOTAL	\$
				Ψ
	Enrollment	Enrollment	Enrollment	Enrollment
ELPAT-AIR	deadline: 12/1/2025	deadline: 03/1/2026	deadline: 06/1/2026	deadline: 09/1/2026
LLFAT-AIN	4 sets, beginning	3 sets, beginning	2 sets, beginning	1 set, beginning
	with Round 134	with Round 135	with Round 136	with Round 137
☐ Annual Fee	□ \$1,760	□ \$1,410	□ \$1,130	□ \$ 910
☐ Air*	□ \$1,130	□ \$ 910	□ \$ 730	□ \$ 590
* ELPAT-Air samples are mailed at	the same time as the	FLP	AT-AIR SUBTOTAL	\$
IHPAT samples. Results for both programs are posted			711 7111 30B10171E	Ψ
at the same time.			TOTAL	\$
			TOTAL	Þ
				•
Signed PARTICIPATION			d with ENROLLM	•
Fa	ilure to do so will dela	y processing your en	d with ENROLLM	•
Fa		y processing your en	d with ENROLLM	•
Fa. and may reso	ilure to do so will dela ult in your inability to p	y processing your en	d with ENROLLM rollment at scheduled round	•
Fa. and may resonant and may resonant and may resonant and AIHA PAT Proporticipant?	ilure to do so will dela ult in your inability to p ogram	y processing your encoarticipate in the nex Payment Meth	d with ENROLLM rollment et scheduled round	MENT FORM
Fa. and may reso	ilure to do so will dela ult in your inability to p ogram	y processing your encoarticipate in the nex Payment Meth	d with ENROLLM rollment rt scheduled round	MENT FORM
Fa. and may resonant and may resonant and may resonant and AIHA PAT Proporticipant?	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth	d with ENROLLM rollment et scheduled round	MENT FORM all amount due Programs
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth Check: made Purchec	d with ENROLLM rollment et scheduled round nod Enclose check for fur payable to AIHA PAT ase Order: PO#	Ill amount due Programs and information
Are you currently an AIHA PAT Pr participant? □ No □ Yes IF YES, Participant Contact Name:	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth Check: made Purcho Credit using t	d with ENROLLM rollment et scheduled round nod Enclose check for fur payable to AIHA PAT ase Order: PO# Card: Submit credit of the separate Credit C	Ill amount due Programs and information
Are you currently an AIHA PAT Prparticipant? No Yes IF YES, Participant Contact Name: Organization:	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth Check: made Purcho	d with ENROLLM rollment at scheduled round nod Enclose check for fur payable to AIHA PAT ase Order: PO#Card: Submit credit of the separate Credit Crization Form	Ill amount due Programs ard information ard Charge
Are you currently an AIHA PAT Prparticipant? No Yes IF YES, Participant Contact Name: Organization: Address:	ilure to do so will dela ult in your inability to p rogram	Payment Meth Check: made Purche Credit using t Author	d with ENROLLM rollment at scheduled round Enclose check for fur bayable to AIHA PAT ase Order: PO# Card: Submit credit can be separate Credit Card: Submit credit can be separate Credit Card: Submit credit can be separate Credit Card: Submit cre	MENT FORM all amount due Programs ard information ard Charge
Are you currently an AIHA PAT Proparticipant? No Yes IF YES, Participant Contact Name: Organization: Address: City:	ilure to do so will dela ult in your inability to p rogram	Payment Meth Check: made Purche Credit using t Author Email your comp	d with ENROLLN rollment at scheduled round Enclose check for fur payable to AIHA PAT ase Order: PO# Card: Submit credit con the separate Credit Con payable form to info. For poleted form to +1 703	MENT FORM all amount due Programs ard information ard Charge PATLLC@aiha.org
Are you currently an AIHA PAT Pr participant? No Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province:	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth Check: made Purche Credit using t Author Email your comp	d with ENROLLM rollment at scheduled round Enclose check for fur bayable to AIHA PAT ase Order: PO# Card: Submit credit can be separate Credit Card: Submit credit can be separate Credit Card: Submit credit can be separate Credit Card: Submit cre	MENT FORM all amount due Programs ard information ard Charge PATLLC@aiha.org
Are you currently an AIHA PAT Pr participant? No Yes IF YES, Participant Contact Name: Organization: Address: City: State/Province: Zip/Postal Code:	ilure to do so will dela ult in your inability to p ogram at ID:	Payment Meth Check: made Purche Credit using t Author Email your comp Mail your comp below.	d with ENROLLN rollment at scheduled round Enclose check for fur payable to AIHA PAT ase Order: PO# Card: Submit credit con the separate Credit Con payable form to info. For poleted form to +1 703	Ill amount due Programs ard information ard Charge PATLLC@aiha.org 2207.8558 ment to the address



E-mail: _

Environmental Microbiology PAT Program (EMPAT) 2026 ENROLLMENT

EMPAT Enrollment deadline: Enrollment deadl 01/15/2026 05/15/2026			rollment deadline: 09/15/2026	
Culture*	3 sets, beginning w	with 2 sets, beginning with		et, beginning with
	Round 89	Rour		Round 91
Annual Fee	□ \$1,760	□ \$1,2	40 L	3 \$ 870
Organisms			F	7 4
☐ Bacteria only	□ \$ 2,230 □ \$ 2,230	□ \$1,6		\$ 1,220
☐ Fungi only	□ \$ 2,230 □ \$ 3,530	□ \$1,6		\$ 1,220 \$ 4,030
☐ Both/bacteria and fungi * Genus and optional species identifications * Genus and Optional species identificat	□ \$ 3,530	□ \$ 2,6	10 L	\$ 1,930
denus una optional species identina		EMPAT Culturable	SUBTOTAL \$	
EMPAT Direct Exam**	Enrollment deadline: 12/15/2025 4 sets, beginning	Enrollment deadline: 3/15/2026 3 sets, beginning	Enrollment deadline: 6/15/2026 2 sets, beginning	Enrollment deadline: 9/15/2026 1 set, beginning
	with Round 81	with Round 82	with Round 83	with Round 84
☐ Annual Fee	□ \$1,760	□ \$1,410	□ \$1,130	□ \$ 910
☐ Fungi only ** Spore identification using digital im-	□ \$ 2,230	□ \$1,790	□ \$1,440	□ \$ 1,160
			TOTAL	\$
Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM Failure to do so will delay processing your enrollment and may result in your inability to participate in the next scheduled round				
Are you currently an AIHA PAT Pr participant?	ogram	D (14)		
participant:		Payment Met	hod	
□ No □ Yes IF YES, Participar		☐ Check	thod :: Enclose check for payable to AIHA P	
	nt ID:	□ Check made	c: Enclose check for payable to AIHA P.	AT Programs
□ No □ Yes IF YES, Participa r	nt ID:	☐ Check made ☐ Purch ☐ Credit	c: Enclose check for payable to AIHA Passe Order: PO#	AT Programs t card information
□ No □ Yes IF YES, Participar Contact Name: Organization: Address:	nt ID:	☐ Check made ☐ Purch ☐ Credit using	c: Enclose check for payable to AIHA Passe Order: PO#	AT Programs t card information
□ No □ Yes IF YES, Participar Contact Name: Organization: Address:	nt ID:	☐ Check made ☐ Purch ☐ Credit using Autho	c: Enclose check for payable to AIHA Passe Order: PO# c: Card: Submit credithe separate Creditorization Form	AT Programs t card information
□ No □ Yes IF YES, Participar Contact Name: Organization: Address: City: State/Province:	nt ID:	☐ Check made ☐ Purch ☐ Credit using Autho	c: Enclose check for payable to AIHA Passe Order: PO# c: Card: Submit credithe separate Creditorization Form	AT Programs t card information Card Charge o.PATLLC@aiha.org
□ No □ Yes IF YES, Participar Contact Name: Organization: Address: City: State/Province: Zip/Postal Code:	nt ID:	☐ Check made ☐ Purch ☐ Credit using Author Email your co	c: Enclose check for payable to AIHA P. ase Order: PO# Card: Submit credithe separate Creditorization Form mpleted form to infected form to +1 7	AT Programs t card information Card Charge o.PATLLC@aiha.org
□ No □ Yes IF YES, Participar Contact Name: Organization: Address: City: State/Province:	nt ID:	☐ Check made ☐ Purch ☐ Credit using Author Email your co	c: Enclose check for payable to AIHA P. ase Order: PO# Card: Submit credithe separate Creditorization Form mpleted form to infected form to +1 7	AT Programs t card information Card Charge o.PATLLC@aiha.org 03.207.8558
□ No □ Yes IF YES, Participar Contact Name: Organization: Address: City: State/Province: Zip/Postal Code:	nt ID:	☐ Check made ☐ Purch ☐ Credit using Author Email your com Fax your com Mail your com below.	c: Enclose check for payable to AIHA P. ase Order: PO# Card: Submit credithe separate Creditorization Form mpleted form to infected form to +1 7	AT Programs t card information Card Charge o.PATLLC@aiha.org 03.207.8558 yment to the address



Bulk Asbestos PAT Program (BAPAT) 2026 ENROLLMENT

BAPAT	deadline: 01/15/2026	deadline: 04/15/2026	deadline: 07/15/2026	deadline: 10/15/2026
	4 sets, beginning with Round 146	3 sets, beginning with Round 147	2 sets, beginning with Round 148	1 set, beginning with Round 149
☐ Bulk Asbestos	□ \$3,360	□ \$ 2,690	□ \$2,160	□ \$1,730
			TOTAL	¢

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

Failure to do so will delay processing your enrollment and may result in your inability to participate in the next scheduled round

Are you currently an AIHA PAT Program	Payment Method		
participant?	☐ Check: Enclose check for full amount due		
□ No □ Yes IF YES, Participant ID:	made payable to AIHA PAT Programs		
Contact Name:	□ Purchase Order: PO#		
Organization:	 Credit Card: Submit credit card information 		
Address:	using the separate Credit Card Charge Authorization Form		
City:			
State/Province:	Fax your completed form to +1 703.207.8558		
Zip/Postal Code:			
Country:	below.		
Telephone:	Questions?		
Fax:	Call AIHA PAT Programs at +1 703.846.0796		
E-mail:	+1 /03.646.0796		



Beryllium PAT Program (BePAT) 2026 ENROLLMENT

BePAT	Enrollment deadline: 02/1/2026 3 sets, beginning with Round 70	Enrollment deadline: 06/1/2026 2 sets, beginning with Round 71	Enrollment deadline: 10/1/2026 1 set, beginning with Round 72
☐ Beryllium	□ \$6,125	□ \$4,900	□ \$ 3,430

TOTAL \$

Signed PARTICIPATION AGREEMENT must be submitted with ENROLLMENT FORM

Failure to do so will delay processing your enrollment and may result in your inability to participate in the next scheduled round

Are you currently an AIHA PAT Program participant?	Payment Method		
□ No □ Yes IF YES, Participant ID:	☐ Check: Enclose check for full amount due made		
Contact Name:	payable to AIHA PAT Programs		
Organization:	☐ Purchase Order: PO#		
Address:	 Credit Card: Submit credit card information using the separate Credit Card Charge 		
City:	Authorization Form		
State/Province:	Email your completed form to info.PATLLC@aiha.org		
Zip/Postal Code:	Fax your completed form to +1 703.207.8558		
Country:	Mail your completed form and payment to the address		
Telephone:	below.		
Fax:	Questions?		
E-mail:	Call AIHA PAT Programs at +1 703.846.0796		



STOCK SAMPLE 2026 ORDER FORM

Samples from previous rounds are available for purchase. A Certificate of Analysis is provided with each stock sample order.

Program	Round Number	Analyte/Matrix	Quantity	Price (each)	Subtotal
IHPAT		Metals		\$ 590	\$
IHPAT		Silica		\$ 1430	\$
IHPAT		Asbestos		\$ 710	\$
IHPAT		Organic Solvents		\$ 830	\$
IHPAT		Airborne Particulates		\$ 800	\$
IHPAT		Mercury		\$ 810	\$
IHPAT		Diffusive sampler (select badge type) ☐ Assay Technology (AT) ☐ SKC		\$ 800	\$
BAPAT		Bulk Asbestos		\$ 1730	\$
BePAT		Beryllium		\$ 3430	\$
ELPAT		Paint		\$ 590	\$
ELPAT		Soil		\$ 590	\$
ELPAT		Dust		\$ 590	\$
ELPAT		Air		\$ 590	\$
N/A	N/A	International Shipping (1x fee for EACH kit) (will not apply if FedEx or UPS account number provided)		\$ 125	\$
N/A	N/A	VA residents please add 6% sales tax			\$
				TOTAL	\$

FedEx or UPS Account Number: _____ Are you currently an AIHA PAT Program **Payment Method** participant? ☐ Check: Enclose check for full amount due ☐ Yes IF YES, Participant ID: _____ made payable to AIHA PAT Programs □ No Contact Name: _____ ☐ Purchase Order: PO# _____ ☐ Credit Card: Submit credit card information Organization: _____ using the separate Credit Card Charge Address: ______ **Authorization Form** City: Email your completed form to info.PATLLC@aiha.org State/Province: _____ Fax your completed form to +1 703.207.8558 Zip/Postal Code: _____ Mail your completed form and payment to: Country: _____ AIHA Proficiency Analytical Testing Programs 3120 Fairview Park Drive, Suite 360 Telephone: _____ Falls Church, VA 22042 USA Questions? Call AIHA PAT Programs at: E-mail: _____

A participant or any interested party wishing to develop new analytical capabilities may purchase stock samples (samples from previous rounds) for practice, if available. The data from analysis of these samples cannot be used to document proficiency. Practice rounds may also be used to evaluate laboratory quality control with respect to new analyst training and method validation procedures.

+1 703.846.0796

Stock samples **may not be used** to produce derivative products for commercial use or in a proficiency testing scheme. Contact us for a quote for partnership opportunities.



RETEST SAMPLE 2026 ORDER FORM

To order retest samples, submit completed form and payment by retest order date noted on the current AIHA PAT Programs schedule [www.aihapat.org].

Program	Round Number	Analyte/Matrix	Quantity	Price (each)	Subtotal	
IHPAT		Metals		\$ 590	\$	
IHPAT		Silica		\$ 1430	\$	
IHPAT		Asbestos		\$ 710	\$	
IHPAT		Organic Solvents		\$ 830	\$	
IHPAT		Airborne Particulates		\$ 800	\$	
IHPAT		Mercury		\$ 810	\$	
IHPAT		Diffusive sampler (select badge type) ☐ Assay Technology (AT) ☐ SKC		\$ 800	\$	
BAPAT		Bulk Asbestos		\$ 1730	\$	
BePAT		Beryllium		\$ 3430	\$	
ELPAT		Paint		\$ 590	\$	
ELPAT		Soil		\$ 590	\$	
ELPAT		Dust		\$ 590	\$	
ELPAT		Air		\$ 590	\$	
EMPAT		Bacteria Culture		\$ 1220	\$	
EMPAT		Fungi Culture		\$ 1220	\$	
EMPAT		Fungi Direct Exam		\$ 1160	\$	
Expedited		Expedited Retest Data Review Fee		\$ 250	\$	
N/A	N/A	International Shipping Fee (will not apply if FedEx or UPS account number provided)		\$ 125	\$	
N/A	N/A	VA residents please add 6% sales tax			\$	
				TOTAL	\$	

			TOTAL \$		
FedEx or UPS Account Number:		<u></u>			
Are you currently an AIHA PAT Program participant?					
☐ No ☐ Yes IF YES, Participant ID:		Check: Enclose check	k for full amount due made		
Contact Name:		payable to AIHA PAT	T Programs		
Organization:		□ Purchase Order: PO#			
Address:	 Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form 				
City:					
State/Province:	Email your completed form to info.PATLLC@aiha.org Fax your completed form to +1 703.207.8558 Mail your completed form and payment to the address				
Zip/Postal Code:					
Country:					
	below.	0	tauan.		
Telephone:		Quest			
-ax:	Call AIHA PAT Programs at				
		+1 703.8	46.0796		
E-mail:					