

EMPAT Culturable*	Enrollment deadline: 01/15/19	Enrollment deadline: 05/15/19	Enrollment deadline: 09/15/19
	3 sets, beginning with Round 68	2 sets, beginning with Round 69	1 set, beginning with Round 70
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,260	<input type="checkbox"/> \$ 980

Organisms

<input type="checkbox"/> Bacteria only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,240
<input type="checkbox"/> Fungi only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,240
<input type="checkbox"/> Both/bacteria and fungi	<input type="checkbox"/> \$ 3,000	<input type="checkbox"/> \$ 2,575	<input type="checkbox"/> \$ 1,900

* Genus and/or species identification

EMPAT Culturable SUBTOTAL \$

EMPAT Direct Exam**	Enrollment deadline: 12/15/18	Enrollment deadline: 3/15/19	Enrollment deadline: 6/15/19	Enrollment deadline: 9/15/19
	4 sets, beginning with Round 57	3 sets, beginning with Round 58	2 sets, beginning with Round 59	1 set, beginning with Round 60
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,380	<input type="checkbox"/> \$ 1,125	<input type="checkbox"/> \$ 900
<input type="checkbox"/> Fungi only	<input type="checkbox"/> \$ 1,900	<input type="checkbox"/> \$ 1,800	<input type="checkbox"/> \$ 1,480	<input type="checkbox"/> \$ 1,180

** Spore identification using digital images

EMPAT Direct Exam SUBTOTAL \$

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?

No Yes **IF YES, Participant ID:** _____

Contact Name: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Payment Method

Check: Enclose check for full amount due made payable to AIHA PAT Programs

Purchase Order: PO# _____

Credit Card: Submit credit card information using the separate Credit Card Charge Authorization Form

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 below.

Questions?

Call AIHA PAT Programs at
+1 703.846.0796

2019 Credit Card Charge Authorization



Company Information

Company Name: _____

Participant ID Number: _____

Invoice Number: _____

Amount to be charged to Credit Card: _____

Credit Card Info

Type of Credit Card VISA Master Card American Express

Account Number: _____

Expiration Date: _____ Code # _____

Cardholder's Name: _____

Cardholder's Signature: _____

- ✓ 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.