

Industrial Hygiene PAT Program (IHPAT) 2019 ENROLLMENT



IHPAT	Enrollment deadline: 12/1/18	Enrollment deadline: 03/1/19	Enrollment deadline: 06/1/19	Enrollment deadline: 09/1/19
	4 sets, beginning with Round 216	3 sets, beginning with Round 217	2 sets, beginning with Round 218	1 set, beginning with Round 219
<input type="checkbox"/> Annual Fee	<input type="checkbox"/> \$ 1,550	<input type="checkbox"/> \$ 1,300	<input type="checkbox"/> \$ 1,100	<input type="checkbox"/> \$ 800
Analytes				
<input type="checkbox"/> Metals	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$ 830	<input type="checkbox"/> \$ 730	<input type="checkbox"/> \$ 540
<input type="checkbox"/> Silica	<input type="checkbox"/> \$ 2,260	<input type="checkbox"/> \$ 1,915	<input type="checkbox"/> \$ 1,700	<input type="checkbox"/> \$ 1,260
<input type="checkbox"/> Asbestos	<input type="checkbox"/> \$ 1,085	<input type="checkbox"/> \$ 980	<input type="checkbox"/> \$ 875	<input type="checkbox"/> \$ 630
<input type="checkbox"/> Organic solvents	<input type="checkbox"/> \$ 1,185	<input type="checkbox"/> \$ 955	<input type="checkbox"/> \$ 855	<input type="checkbox"/> \$ 620
<input type="checkbox"/> Formaldehyde*	<input type="checkbox"/> \$ 1,695	<input type="checkbox"/> \$ 1400	<input type="checkbox"/> \$ 1250	<input type="checkbox"/> \$ 910
<input type="checkbox"/> Thermal desorption tubes*	<input type="checkbox"/> \$ 2,310	<input type="checkbox"/> \$ 1,890	<input type="checkbox"/> \$ 1,670	<input type="checkbox"/> \$ 1220
<input type="checkbox"/> Diffusive samplers**	<input type="checkbox"/> \$ 975		<input type="checkbox"/> \$ 700	
<i>Select badge type:</i>	<input type="radio"/> 3M <input type="radio"/> SKC <input type="radio"/> Assay			

TOTAL \$

* Provided by WASP Program.

** Sent out twice a year. Cost is per badge type. Select badge type: 3M, SKC or Assay.

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.