## Industrial Hygiene PAT Program (IHPAT)
### 2019 ENROLLMENT

<table>
<thead>
<tr>
<th>IHPAT</th>
<th>Enrollment deadline: 12/1/18</th>
<th>Enrollment deadline: 03/1/19</th>
<th>Enrollment deadline: 06/1/19</th>
<th>Enrollment deadline: 09/1/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 sets, beginning with Round 216</td>
<td>3 sets, beginning with Round 217</td>
<td>2 sets, beginning with Round 218</td>
<td>1 set, beginning with Round 219</td>
</tr>
</tbody>
</table>

- **Annual Fee**
  - $1,550
  - $1,300
  - $1,100
  - $800

### Analytes
- **Metals**
  - $925
  - $830
  - $730
  - $540
- **Silica**
  - $2,260
  - $1,915
  - $1,700
  - $1,260
- **Asbestos**
  - $1,085
  - $980
  - $875
  - $630
- **Organic solvents**
  - $1,185
  - $955
  - $855
  - $620
- **Formaldehyde**
  - $1,695
  - $1,400
  - $1,250
  - $910
- **Thermal desorption tubes**
  - $2,310
  - $1,890
  - $1,670
  - $1,220
- **Diffusive samplers**
  - $975
  - $700

Select badge type: 3M, SKC, Assay

- **TOTAL $**

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

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### Are you currently an AIHA PAT program participant?
- No
- Yes IF YES, Participant ID: ___________

### 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
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.