

**March 2012 *Cryptosporidium* Proficiency Testing Enrollment Form**

**Laboratory ID:** \_\_\_\_\_ **# PT sets ordered:** \_\_\_\_\_ **Filter type(s):** \_\_\_\_\_  
 (if returning customer)

**Enrollment deadline:** **March 6, 2012** **PT Sample Shipment date:** **March 26, 2012**

Demographic Information	Ship Samples To:	Send Correspondence To:	Send Invoices To:
Facility Name			
Contact Name			
Building, Room, etc.			
Address 1			
Address 2			
City			
State & ZIP Code			
Country (if other than U.S)			
Phone Number			
FAX Number			
e-mail address			

**Method of Payment:**

- o* Bill address above (include purchase order number if applicable) \_\_\_\_\_
- o* Visa/MC accepted (Please call (800) 442-4618 or (608) 224-6260 with credit card information after invoice has been received)

**I agree to the conditions and terms of service described in the General Program Description :**

\_\_\_\_\_  
 (Signature/Date)

\_\_\_\_\_  
 (print name)