

ELITE Legionella Enrollment Form

Today's Date: _____

This request is for enrollment year: _____

Contact Information Of Person Completing This Form

Facility Name	Contact Name
Phone	Email

Select type of testing site for this order

<input type="radio"/> Commercial laboratory	<input type="radio"/> Industrial laboratory	<input type="radio"/> Public health laboratory
<input type="radio"/> Large municipal WWTP	<input type="radio"/> Small municipal WWTP	
Other (please specify): _____		

Demographic Information

Shipping Information

Facility Name	Contact Name		
Street Address	Apt, Suite, Bldg. (optional)		
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Billing Information Check here if same as shipping information

Facility Name	Contact Name		
Street Address	Apt, Suite, Bldg. (optional)		
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Send Reports to Check here if same as shipping information

Facility Name	Contact Name		
Street Address	Apt, Suite, Bldg. (optional)		
City	State/Province/Region	Postal/Zip Code	Country
Phone	Fax	Email	

Order Information

	Price
ELITE Legionella Annual Proficiency	\$544.00*
*Additional international shipping fees will be added for any laboratories located outside of the 50 US states.	

Payment Information

Purchase Order (PO#) - optional	<input type="text"/>	VISA/MC: If you wish to pay by credit card, please wait for your invoice for instructions.
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