

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	\$550.00*
*Price is for 2 events. Additional international shipping fees will be added for any laboratories located outside of the 50 US states.	
Environmental Annual Enrollment Fee	\$50.00
Order Total:	\$600.00

Payment Information

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