

CSITC Round Trial Participation Form:

(Type your information on this form and send it back, preferably by email, to CSITCSecretariat@icac.org; or by fax to 202-463-6950.)

Date

Please include our laboratory equipped with rapid testing instruments in the CSITC Round Trial

Company/Laboratory:

Contact person:

Full mailing address:

Telephone:

Fax:

E-Mail:

Number of instruments to participate:

Number of sample sets requested: (maximum 2 instruments for each sample set)

Please check your payment mode of US\$75 per quarter, or US\$300 per year (4 trials). Please add a US\$25 bank fee in the case of wire transfers:

- We will send a check or draft in the amount of _____, payable to the International Cotton Advisory Committee, 1629 K Street, N.W., Suite 702, Washington DC, 20006, USA.
- We will send a wire transfer in the amount of _____ plus a US\$25 bank fee to Citibank FSB Washington, DC, USA ABA Routing number 254070116 in account number 6670 2976.
- Visa, MasterCard or American Express:

Card No. _____ Expiration Date _____

Name of Cardholder _____