



Participation Form -- 2008 CSITC Second Round Trials



Type your information and return, 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 2008 CSITC Round Trials.

Company/Laboratory:

Contact person:

Full address for sample shipping

Telephone:

Fax:

E-Mail (preferably, two)

Number of instruments to participate:

Number of sample sets requested: _____ (one sample set can be used for 2 instruments, maximum)

In order to enhance the value of participation, the Task Force on CSITC has agreed to allow the publication of the names of participating test centers, with the requirement that as in the past, individual results will not be divulged. However, test centers who do not wish to be listed as participants in the CSITC Round Trials may choose to remain anonymous by checking the box below.

We do not wish to be identified as a CSITC Round Trial participant:

Please check your payment mode of US\$300 per year (4 trials).

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 the applicable bank fees to Citibank FSB Washington, DC, USA ABA Routing number 254070116, account number 6670 2976, reference "CSITC Round Trials."

Visa MasterCard American Express:

Card No. _____ Expiration Date _____

Name of Cardholder _____