



**Water Supply (WS) Program Organic Participation Form**  
*Where participation is as easy as 1, 2, 3...*

**① FILL IN YOUR INFORMATION BELOW**

SHIP TO:				BILL TO:			
Contact Name:				Contact Name:			
Organization:				Organization:			
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
Phone #:	Fax #:	email:					
asi client # :	NPDES Permittee #:	US EPA Lab Code:		State Code:			

**② FILL IN THE ORDER SELECTION**

Description	Benchmark Proficiency Testing Standards				On Target InstaCheck Standards				PT NOW Quick Response Standards				
	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	Cat. #	Price	Qty	Total	
Organic Disinfection By-Products	WS6800	\$65			OS6800	\$65			NS6800	\$78			
Chloral Hydrate	WS6900	\$60			OS6900	\$60			NS6900	\$72			
Pesticides I	WS7000	\$65			OS7000	\$65			NS7000	\$78			
Pesticides II [Chlordane]	WS7100	\$50			OS7100	\$50			NS6500	\$60			
Pesticides III [Toxaphene]	WS7200	\$50			OS7200	\$50			NS7000	\$60			
Carbamates	WP7400	\$65			OS7400	\$65			NS7100	\$78			
PCBs	WS7500	\$65			OS7500	\$65			NS7200	\$78			
PAHs	WS8000	\$65			OS8000	\$65			NS8000	\$78			
Herbicides I	WS8500	\$65			OS8500	\$65			NS7500	\$78			
Herbicides II	WS8700	\$65			OS8700	\$65			NS7700	\$78			
Regulated Volatiles	WS9000	\$70			OS9000	\$70			NS8000	\$84			
Unregulated Volatiles	WS9100	\$70			OS9100	\$70			NS8200	\$84			
EDB/DBCP	WS9200	\$50			OS9200	\$50			NS8500	\$60			
Trihalomethanes	WS9300	\$50			OS9300	\$50			NS9300	\$60			
Semivolatiles	WS9500	\$70			OS9500	\$70			NS9500	\$84			
<b>COMPLETE WP ORGANIC SET*</b>	WP0003	\$893			OP0003	\$893			NS0003	\$1072			
<b>COMPLETE WP SET@</b> (Inorganics & Organics)	WP0001	\$1746			OP0001	\$1746			NP0001	\$2095			
<b>STATE SPECIFIC STANDARDS</b>													
Gasoline Additives	WS6600	\$70			OS6600	\$70			NS6600	\$84			
<i>NOTE: shipping charges are added to each invoice</i>	<b>Benchmark Totals</b>			\$	<b>On Target Totals</b>			\$	<b>PT Now Totals</b>				\$
<b>*All Set Prices Include a 5% Discount</b>				<b>TOTAL ORDER</b>				\$					
<b>@ Complete Set Price Includes a 10% Discount.</b>													

Choose You Months:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**③ FILL IN THE PAYMENT INFORMATION**

ORDERED BY (Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 You can pay by either purchase order or credit card  
 Purchase Order # \_\_\_\_\_

Select Card Type:  American Express  Master Card  Visa  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_

\*\* Please complete this form and fax it to asi at (304) 422-4761\*\*