



NAPT 2008 Program Invoice



Item	Description	Unit Cost
NAPT Program (Select One)	<input type="checkbox"/> Soil Program <i>only</i> (4x year) - \$580 (US) <input type="checkbox"/> Soil Program <i>only</i> (2x year) - \$360 (US) <input type="checkbox"/> Water Program <i>only</i> - \$395 (US) <input type="checkbox"/> Plant and Water Program - \$570 (US) <input type="checkbox"/> Soil and Plant Program - \$760 (US) <input type="checkbox"/> Soil and Water Program - \$760 (US) <input type="checkbox"/> Soil and Environmental Soil Program - \$810 (US) <input type="checkbox"/> Soil, Plant, and Environmental Soil Program - \$995 (US) <input type="checkbox"/> Soil, Water, and Environmental Soil Program - \$995 (US) <input type="checkbox"/> Soil, Plant, and Water Program - \$895 (US) <input type="checkbox"/> Soil, Plant, Water, Environmental Soil Program - \$1125 (US)	
Additional Programs	<input type="checkbox"/> Performance Assessment Program (PAP) - \$200 (US) (Soils Program only (2x year) participants are not eligible for this program.)	
Reference Items	<input type="checkbox"/> 0.60 kg Soils - \$65 <input type="checkbox"/> 20 kg Soils - \$450 <input type="checkbox"/> 25 g Plants - \$30 Type Requested _____ <input type="checkbox"/> Additional QA/QC Manuals (\$50 per manual – must be a participating lab)	
Shipping	Outside US and Canada - Contact: usual@usu.edu for rate <i>NOTICE TO LABS OUTSIDE THE US: Delivery of soil and plant materials to labs outside the US cannot be guaranteed without an import permit. Please fax a copy of your import permit to Jan Kotuby-Amacher at 435-797-2117 prior to January 23, 2008.</i>	
Late Fee	Payments received after January 23, 2008 will be charged an additional processing fee of \$175 (except reference items)	

Participant Directory (select one)

Total \$ _____

- Yes, please list me/our lab in the online NAPT Participant Directory.
- No, do not list me/our lab in the online NAPT Participant Directory.

Payment Method:

- Online: <https://www.soils.org/napt/enroll/>
- Check Payable to SSSA (in US funds, drawn on a US bank)
- Purchase Order Number: _____
- Credit Card: Name on Card: _____ Expiration Date: ____/____/____

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Lab Information:

NAPT Number: _____

Send Payment & Renewal to:

Laboratory Contact: _____
 Laboratory Name _____
 Address 1 _____
 Address 2 _____
 City/State/Zip _____
 Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
 E-mail: _____
 Lab Web Site: _____

2008 NAPT Program
 Attn: Melissa Fall
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