

2019 Consultants Listing Pricing Information

To complete this form electronically, right click on the form and save to disk. Open file from your hard drive, fill in all necessary fields, and save. *Please do not complete from within your browser.*

Online Listing Options

List your company from January through December 31, 2019 in the searchable online directory:

- Online only (office will NOT be included in print edition) . . \$499
- Highlight* \$199
- Company Logo* \$199
- Buy **BOTH** Highlight & Logo* **(Save \$98)** \$300

*Price listed is per office.

Company Information

Please photocopy this form if listing multiple offices.

Company Name _____

AIHA Member Name(s) and Number(s)
(Required to be listed. All must be a current national member.)

Please Specify

- Residential Commercial Both

Address _____

Phone _____

Toll Free _____

Fax _____

E-mail _____

Web address _____

Contact Name _____

Contact E-mail _____

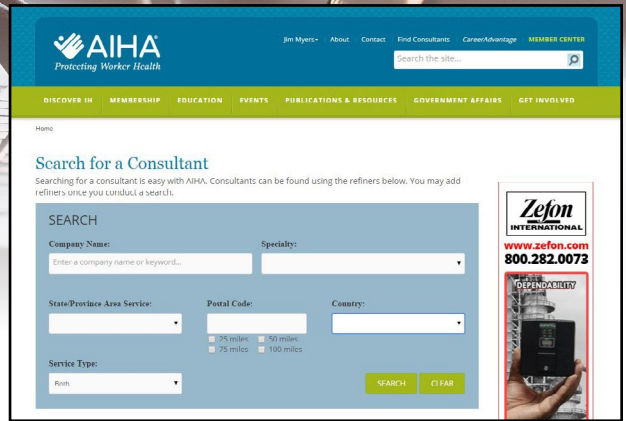
(This person will receive receipt and renewal information only. Does not need to be a member and will not be listed in the publication.)

Placing Your Order

Fax: (703) 207-3561

Mail: American Industrial Hygiene Association, c/o Wanda Barbour,
P.O. Box 34796, Alexandria, VA 22334-0796

Phone: (703) 849-8888



Specialty Code List

Please select all that apply – no limit on number!

- | | |
|---|--|
| <input type="checkbox"/> 1. Aerosol and Airborne Particulate Monitoring | <input type="checkbox"/> 18. Mold |
| <input type="checkbox"/> 2. Asbestos, Lead and Dust | <input type="checkbox"/> 19. Occupational Epidemiology |
| <input type="checkbox"/> 3. Biological Monitoring | <input type="checkbox"/> 20. OHS Management Systems, Auditing and Compliance |
| <input type="checkbox"/> 4. Biosafety | <input type="checkbox"/> 21. Personal Protective Equipment |
| <input type="checkbox"/> 5. Consulting | <input type="checkbox"/> 22. Publications and Trade Magazines |
| <input type="checkbox"/> 6. Education and Training | <input type="checkbox"/> 23. Radiation Protection and Monitoring |
| <input type="checkbox"/> 7. Emergency Preparedness and Response | <input type="checkbox"/> 24. Real-time Detection Services and Direct Reading Instruments |
| <input type="checkbox"/> 8. Environmental Protection and Monitoring | <input type="checkbox"/> 25. Regulatory Compliance |
| <input type="checkbox"/> 9. Equipment Rental and Repair | <input type="checkbox"/> 26. Respiratory Protection |
| <input type="checkbox"/> 10. Ergonomics | <input type="checkbox"/> 27. Risk Assessment and Management |
| <input type="checkbox"/> 11. Exposure Assessment | <input type="checkbox"/> 28. Safety |
| <input type="checkbox"/> 12. Gas and Vapor Detection | <input type="checkbox"/> 29. Testing, Certification and Credentialing |
| <input type="checkbox"/> 13. Hazard Communication | <input type="checkbox"/> 30. Thermal Stress Protection and Monitoring |
| <input type="checkbox"/> 14. Hearing Conservation and Noise Reduction | <input type="checkbox"/> 31. Toxicology |
| <input type="checkbox"/> 15. Indoor Air Quality | <input type="checkbox"/> 32. Ventilation |
| <input type="checkbox"/> 16. Labs – Health and Safety, Testing | |
| <input type="checkbox"/> 17. Legal and Expert Witness | |

TOTAL \$ _____

Payment Method: Check Visa Amex MasterCard

Card Number _____ Exp. Date ____ / ____

Name of Cardholder _____

Cardholder Signature _____