

PTAP Provider Enrollment Form

By completing and submitting this form to OIDA, applicant indicates its interest in participating in PTAP and agrees to follow PTAP Prototype Provider Guidelines. Provider can withdraw from participating in PTAP at any time by giving written notice to the PTAP Broker at the address, fax, or email below. Please complete, print, sign, and return.

Provider # [PTAP Use only]		Application date [mm/dd/yyyy]	
Name of organization			
Principal contact			
Title			
Department			
Address			
Address			
Phone		Fax	
email			
Products/Field of business			
Prototypes/Services			

Signature: _____

Printed Name: _____

Please submit to:

PTAP c/o OIDA
1133 Connecticut Ave. NW, Suite 600
Washington DC 20036

Phone: 202-785-4426
Fax: 202-785-4428
marko@oida.org