**Green Label Plus™ Cushion Product Registration Form**

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| Date Submitted: |  |

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| **Corporate/Division Information (used for website listing)** | | | | | **GLP Primary Coordinator Information** | | | |
| Legal Name: | | |  | | Full Name: | |  | |
| Address: | |  | | | Address: |  | | |
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| Phone Number: | | | |  | Phone Number: | | |  |
| Website: |  | | | | Email Address: | | |  |

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| **Product Information** (Use one form per tested product) | | | |
| Suggested GLP Category: | |  |  |
| Type of Cushion: |  | |  |
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| **Description of Product Platform or Style Names (limited to 320 characters) to be displayed on the CRI website and certificate. (Private labels will need to be registered using another form.)** |
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Use the following page(s) to provide manufacturing facility information for this product.

(**Note:** enter “Same As Corporate” in the first location id/name if it is the only manufacturing facility.)

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| **Product Manufacturing Facility Information** | | | **Facility Point of Contact for Sample Collection** | | |
| Location ID/Name: | |  | Full Name: | |  |
| Address: |  | | Address: |  | |
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| Phone Number: | |  | Phone Number: | |  |
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