**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: |  |
|  | Email Address: |  |

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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: |  |
|  | Email Address: |  |

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| Phone Number: |  | Phone Number: |  |
|  | Email Address: |  |