



FORTH/ICE-HT

Service Research Facilities

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Application Form-External Users-Academic

User Information*

* required fields

Name	<input type="text"/>
Position	<input type="text"/>
Supervisor (for students only)	<input type="text"/>
University/Institute	<input type="text"/>
Department	<input type="text"/>
Phone Number	<input type="text"/>
email	<input type="text"/>

Billing Information*

Company Name	<input type="text"/>
Address	<input type="text"/>
Profession	<input type="text"/>
VAT No (for EU countries)	<input type="text"/>
Tax Office (for GREECE)	<input type="text"/>
Contact Person (name/phone/email)	<input type="text"/>

Shipping Information (If it is different from billing information)

Company Name	<input type="text"/>
Address	<input type="text"/>
Contact Person (name/phone/email)	<input type="text"/>

Description of work required*

No of samples	<input type="text"/>	Instrument	<input type="text"/>
Work description	<input type="text"/>		

Safety Precautions*

Please specify	<input type="text"/>
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Recommended Storage*

Please specify	<input type="text"/>
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By sending this form, I agree with the terms of use of FORTH/ICE-HT SeRF and I authorize FORTH/ICE-HT to bill my department/company for all charges incurred for this job.