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| **Application Form: DE -17 Microplastics (Development exercise)** |

Wageningen University & Research

WEPAL-QUASIMEME Project Office

P.O. Box 8005

6700 EC Wageningen

The Netherlands

Phone: +31 317 48 65 46 (Direct Line)

Fax: +31 317 48 56 66

e-mail: quasimeme@wur.nl

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| **Exercise** | **Rounds** | **Price** |
| DE-17 (Microplastics) | 1 Round: April 2019 | €750,= |
| DE-17 (Microplastics) | 2 Rounds: April 2019 + December 2019 | €1500,= |
| DE-17 (Microplastics) | 3 Rounds: April 2019 + December 2019 + ? 2020 | €2000,= |

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| Accounting contact name for **invoice** |  |
| QUASIMEME Client Number (where applicable) |  |
| Institute |  |
| Address  |  |
| Postal Code |  |
| Town / City | Region / State |  |  |
| Country |  |
| Telephone number | Fax number |  |  |
| E-mail address |  |
| VAT no[[1]](#footnote-1). |  |
| Your reference or purchase order number |  |
| Signature: |  |
| Date: |  |

**Delivery address for the test materials and reports, if different from invoice address:**

|  |  |
| --- | --- |
| Shipment contact name for shipment of **test materials** and **reports if different from above** |  |
| Test material groups |  |
| QUASIMEME Client Number(where applicable) |  |
| Institute |  |
| Address  |  |
| Town / City |  |
| Postal Code |  |
| Region / State |  |
| Country |  |
| Telephone number |  |
| Fax number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Sponsor/Agent contact name for shipment of **test materials** and **reports if required** |  |
| Test material groups |  |
| QUASIMEME Client Number (where applicable) |  |
| Institute |  |
| Street / PO Box no.  |  |
| Postal Code |  |
| Town / City |  |
| Region / State |  |
| Country |  |
| Telephone number |  |
| Fax number |  |
| E-mail address |  |

1. The VAT number must be entered for all EU institutes to avoid VAT being added. [↑](#footnote-ref-1)