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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](mailto:quasimeme@wur.nl)

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| **Exercise** | **Rounds** | **Price** | **Which round?** |
| DE-17 (Microplastics) | 2nd Round: 1 October 2020 | € 750,= | YES/NO |
| DE-17 (Microplastics) | 2nd and 3rd Round: 1 October 2020 + October 2021 | € 1500,= | YES/NO |

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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)