

Application Form QUASIMEME

QUASIMEME welcomes subscribers at any time during the year. However, to ensure on time delivery please return your application form before dispatch dates listed on page 5 of our Brochure to:

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

Please type or print the information requested below. An electronic version of this form is available on the QUASIMEME website or by e-mail from the WEPAL-QUASIMEME Project Office.

Group	Round 1 April 2021	Round 2 October 2021	Group	Round 1 April 2021	Round 2 October 2021	Extra CRM Test Material from past rounds. Please state clearly what test material you wish to have by checking past Protocols on the Participant Site
AQ-1			BT-1			
AQ-2			BT-2			
AQ-3			BT-4			
AQ-4			BT-8			
AQ-5			BT-9			
AQ-6			BT-10			
AQ-7						
AQ-8						
AQ-11			BT-7			
AQ-12			BT-11			
AQ-13			BT-12			
AQ-14						
AQ-15						
MS-1			DE-13			
MS-2			DE-16			
MS-3			DE-17			
MS-6						
MS-7						
MS-8						
Total number of groups ordered						
Administration/Handling/courier fee					€85	
Total					€	

Most exercises have 2 rounds (see [Brochure](#) for exercises running) with some running only once each year.
 If you wish to participate in 1 round of an exercise please mark which round in the table above with e.g. an x.
 If you are unsure how to complete this form please contact the W-QPO for confirmation to avoid surplus ordering
 as we are unable to accept returned samples.

I wish to participate in the QUASIMEME Laboratory Performance Studies as indicated above.
 I agree to the conditions as given in the Quasimeme brochure.

Yes, I wish to be a permanent member of Quasimeme

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 .			
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			

¹ The VAT number must be entered for all EU institutes to avoid VAT being added.

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	