



WEPAAL Registration Form

Would you like me to register as a new participant in:
(please mark the program(s) you would like to join)

- ISE: I participate in: first/second/third/fourth/all periods
- IPE: I participate in: first/second/third/fourth/all periods
- SETOC: I participate in: first/second/third/fourth/all periods
- MARSEP: I participate in: first/second/third/fourth/all periods
- BIMEP: I participate in: first/second/third/fourth/all periods

Yearly participation will be automatically extended.

- I do agree to join in this yearly participation
- I do not agree to join in this yearly participation and will only participate this year.

I would like to use data as a lab code: (at least four / maximum 10 characters / no digits)

I would like to start on dates:

- I would like to receive reports as hard copy. (extra cost of € 50.00 per program will be charged)

Delivery address for test materials

Contact person:

e-mail:

Name Organisation:

Department:

Delivery address: Postal Code:

P.O. Box : Postal Code:

City:

Country:

telephone: fax:

Purchase order number:

VAT/BTW number: (required for EU countries)

Invoice address if different from delivery address for test materials

Contact person:

e-mail:

Wepal participant *yes/no* Client number:

Name Organisation:

Department:

Address: Postal Code:

P.O. Box:..... Postal Code:

City:

Country:

telephone: fax:

To simplify our mailings we prefer to have only one contact person per organisation. When there are more contact persons in your organisation we urgently ask you to indicate to whom all correspondence, samples and invoices can be sent. We kindly ask you to always inform us of changes in your address or organisation. This will help us to get the samples and reports to you in time.

Please send this form (and additional remarks) back to Info.wepal@wur.nl

Tip: In Word choose in menu File, Share, Email, Send as attachment.