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

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| **Exercise** | **Package** | **Price** |
| DE-17 (Microplastics) | Full Package (sediment and water) | € 795,= |
| Sediment samples only | €595,= |
| Water samples only | €595,= |

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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** |  |
| 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. [↑](#footnote-ref-1)