

Application Information Form

Name: _____	Title: _____
Company: _____	
Address: _____	
Tel: _____	Fax: _____
E-Mail: _____@_____	

Description of the measurement problem: _____ _____ _____

Stream Composition (include all components to a 100% total):

Component	Chemical formula	Conc. units	Accuracy (if to be measured)	Min. Conc.	Nominal Conc.	Max. Conc.

Carrier medium:	<input type="checkbox"/> gas	<input type="checkbox"/> liquid
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Min. Temp.	Max. Temp.	Min. Pres.	Max. Pres.

Laboratory methods used to measure the components of interest:						
<input type="checkbox"/> UV/VIS	<input type="checkbox"/> GC	<input type="checkbox"/> HPLC	<input type="checkbox"/> IR	<input type="checkbox"/> AA	<input type="checkbox"/> other	<input type="checkbox"/> no method

Please return by mail fax or e-mail to:
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