

GTFCh – Proficiency Testing 2020

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This form is a supplement to the order form. Please fill-in if you want to indicate different addresses for the certificate and for sending the reports.

Lab code: _____
(as available)

E-mail addresses for sending of reports and certificates

1: _____
2: _____
3: _____

Delivery address (for samples and forms)

Name _____
Institution _____

Street _____
ZIP / City _____
Country _____

Billing address

Name _____
Institution _____

Street _____
ZIP / City _____
Country _____

Certificate address (address on the certificate)

Name _____
Institution _____

Street _____
ZIP / City _____
Country _____

Report address (report is sent to this address)

Name _____
Institution _____

Street _____
ZIP / City _____
Country _____

Contact person

Name _____
Telephone _____ Fax _____
E-Mail _____

Delivery outside EU

VAT.id.no. _____
necessary for all foreign participants within the EU