

# Adress form - Proficiency Tests 2021

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GTFCh – Proficiency Tests 2021

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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