

DATE:

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EXTERNAL USER Nº:

User Name and Surname:	
Institution/Company Name:	
Department/Group:	
ID Card nº (DNI):	
Job Position:	
Phone Number:	
E-mail:	

BILLING DETAILS (fiscal data):

Customer Name and Surname (PI):	
Full name of the Institution or Company:	
Vat Number (NIF):	
Business Address (Address, PC, City and Country)	
Phone Number:	
Fax:	
E-mail:	
FORM OF PAYMENT – TRANSFER	IN CASH: TO 30 DAYS:
Billing Address (if it is different of the Business Address):	
Address:	

Signature and Institution Stamp:

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Select the equipment intended to be used:

Direct Write Laser Lithography	
Mask Aligner UV Photolithography	
Nanoimprint Lithography (NIL)	
E-beam thin film evaporator	
ICP- Reactive Ion Etching (ICP-RIE)	
Sputter Coater (Au)	
Plasma Cleaner (O ₂)	
Wet bench	
Oven/Hot plates	
Spinner	
Stylus Profilometer	
3D Optical Profiler	
Optical Microscope	
AFM	
EBL	
FIB	

TERMS AND CONDITIONS:

Signing this document implies that:

- 1.- The user has read the documentation related to the rules and conditions of use of the Nanofabrication Facility. <http://www.icn2.cat/nanofabrication/nanofab.html>
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