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| Graz micro computed tomography consortium |  |

**Application form**

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| contact information |
| Project: |  Name of the project. |
| Owner: |  Principal investigator. |
| Contact person: |  Name of the person who will administrate the data. |
| Telephone number: |  Of the contact person. |
| Email address: |  Of the contact person. |
| SAmple information |
| Object type:  |  e.g., liquid, solid |
| Size: |  Click or tap here to enter text. |
| Weight: |  Click or tap here to enter text. |
| Number of samples: |  Click or tap here to enter text. |
| Hazardous: | Yes [ ]  | No [ ]  |
| Fixation: | Possible [ ]  | Not possible [ ]  |
| Field of Science: |  e.g., Food Science. |

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| Application area |
| Academic [ ]  | University and institute name: Click or tap here to enter text. |
| Industry [ ]  | Company name: Click or tap here to enter text. |
| Other [ ]  | Comment: Click or tap here to enter text. |

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| Appointment information |
| Preferred date:  |  Click or tap here to enter text. |
| Preferred time: |  Click or tap here to enter text. |
| Visitor’s name: |  If it is not the contact person. |
| Email address: |  Click or tap here to enter text. |
| Phone number: |  Click or tap here to enter text. |
| Date of application: |  Click or tap to enter a date. |

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| Additional information |
|  Additional information, questions, photo. |
| Photos of the object(s) |
| Insert a picture here. Insert a picture here. Insert a picture here.Insert a picture here. Insert a picture here. Insert a picture here. |