



## Scientific Services – On-site scientific Services

### Personal Information

Miss  Mrs.  Ms.  Mr.  Dr.

First Name: \_\_\_\_\_

Province/State: \_\_\_\_\_

Last Name: \_\_\_\_\_

Country: \_\_\_\_\_

Organization: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Web Site: (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization Type (see Client Categories on the CCI Web site): \_\_\_\_\_

### Request Information

Description of collection (type and number of objects to be analysed): \_\_\_\_\_

\_\_\_\_\_

Description of facilities (include dimensions and furnishings of room to conduct the tests): \_\_\_\_\_

\_\_\_\_\_

Address of facility: \_\_\_\_\_

\_\_\_\_\_

Comments and/or additional information: \_\_\_\_\_

\_\_\_\_\_

Significance – What is the significance of the collection or objects? (Attach copies of pertinent literature or documentation.)

\_\_\_\_\_

Purpose of Request – Describe the anticipated benefits and uses of the results of this service: \_\_\_\_\_

\_\_\_\_\_

Key Request Dates – Requested completion date: \_\_\_\_\_

You may attach supporting documents or images