

CITI
 Centro de Investigación, Transferencia e Innovación
 Parque Tecnolóxico de Galicia
 San Cibrao das Viñas 32900 Ourense
 Phone: +34 988 387400

REQUEST FORM TO USE THE PILOT PLANT EQUIPMENT

(Reserved for entry registry)

DETAILS OF THE APPLICANT

Name:	
Telephone number:	E-mail:

DETAILS OF THE PERSON RESPONSIBLE FOR THE BILL

Name:	
Research group:	
Centre/Institute:	
Body/ Institution/ Company:	Tax Identification Number:
Address:	
Telephone number:	E-mail:

APPLICATION DETAILS

Equipment:
Booking period:

***The applicant** declares to know and accept the terms and conditions of the CITI regulations regarding the use of the pilot plant equipment and also the payment of the price for the use of the equipment requested according to the rates in force.*

***The person responsible for the bill** authorises the payment of the price for the use of the equipment requested according to the rates in force.*

In Ourense, on the ____ day of _____, 20__

Signed by the applicant	Signed by the person responsible for the bill
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