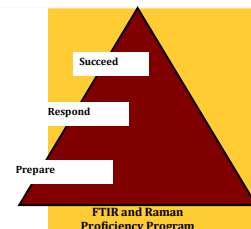


FTIR and Raman PT Program Membership Form

Please fill the form and fax to (402) 559-7799



Date:	
Name:	
E-mail address:	
Job Title:	
Lab/Agency Name:	
Lab/Agency Address:	
City:	
State:	
Postal Code:	
Phone Number:	

I would like to join:

FTIR Program

Raman Program

Address to Ship PT Samples (If same as above, check here and leave blank)

Address:	
City:	
State:	
Postal Code:	

Payment Method:

If you would like to pay through a PO number please fill in the information below

Purchase Order#:	
Billing Address:	
City:	
State:	
Postal Code:	

If you would like to pay by check please fill form and send with check made payable to The University of Nebraska Board of Regents/NPHL.

To pay by credit card call (402) 559-3557.

Mail to Attn: David Moran
985900 Nebraska Medical Center
Omaha, NE 68198-5900

