

EUROPRACTICE RESEARCH LABORATORY SUBSCRIPTION APPLICATION FORM

Please complete clearly (if by hand USE BLOCK CAPITALS)

MEMBERSHIP TYPE APPLIED FOR:

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See conditions at <http://www.europractice.stfc.ac.uk/europractice/membership/membership.html>

Title: _____ **Name:** _____

The above named person must be a full time member of staff with appropriate technical (ie Microelectronics) knowledge and appropriate connections to senior management. They will be viewed as EUROPRACTICE representative until we are informed of a change. Please [click here](#) for guidance on the role of EURORPRACTICE Representative.

Position: _____

Institute Name: _____ *(name of the Organisation)*

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e-mail: _____

(must be the academic address of the individual (no mail aliases, no Gmail, Yahoo etc))

Telephone: _____

ADDRESS TO SEND INVOICE TO if different from above

Contact Name (Person or Office): _____

Address: _____

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DECLARATION

We confirm that we have read and understood, and shall abide by the Terms and Conditions relating to the EURO PRACTICE Academic Subscription Agreement and acknowledge that to use goods and services we may be required to complete other agreements direct with EURO PRACTICE Service Providers. We understand that in the event that we fail to comply with such Terms and Conditions in full (including but not limited to non-payment of valid invoices or non-compliance with end-user or license agreements) the Academic Subscription Registration Number may be withdrawn.

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Once completed and signed please attach this document, and others mentioned above, as a PDF to an e-mail and send it to MicroelectronicsCentre@stfc.ac.uk (paper copies are not required)