# LANDAUER DOSIMETRY CONTRACT

## SUBSCRIPTION FORM AMENDMENT

❶ Please only complete the information below that have changed compare to the former subscription form and sign documents required below:

☐ Amendment - Subscription form ☐ Dosimetry monitoring form ☐ Offer / Quote (If you have one)

❷ Keep a copy for you and returns the originals by mail to:
LANDAUER - 9 RUE PAUL DAUTIER - CS 60 731 - 78457 VELIZY VILLACOUBLAY CEDEX – FRANCE

**Part reserved to LANDAUER**

Date of entry into force of these amendments :

_____/_____/_____

## EMPLOYER ADDRESS

**ACCOUNT N° :** FO *A new customer code will be sent to you after the registration of this information*

Company
Address
Postal code City Country
VAT number

**ACCOUNT MANAGER** *Person in charge of dosimetry monitoring*

First name* Surname*
Phone* Email*

☐ Yes, I wish to have a free access to LANDAUER direct website in order to manage my dosimetry online. I have filled mandatory fields (*) requested to create my password.

## RADIATION SAFETY OFFICER (RSO)

Company
Address
Postal code City Country
First name Surname
Phone Email

## Dose REPORT

**DOSE REPORT ADDRESS** *Occupational physician or Radiation Safety Officers authorised to receive dose report*

Company
Address
Postal code City Country
First name Surname
Phone Email

☐ I confirm the above RSO designated can be granted access to the dose report of the exposed workers of the account.

If several appointed doctors, please give us their contact and address. Note: every appointed doctor will receive the results for the whole participants registered with the same dosimeters shipping address, as mentioned in the dosimetry monitoring form.

## BILLING & PAYMENT *To be filled only if different*

Please refer to the General Conditions of Subscription for invoicing conditions. *Available on www.landauer.fr/en/knowledge/technical-leaflets-instructions/*

**ANY PURCHASE ORDER?** No ☐ Yes ☐ **-> Please join the purchase order if yes**

**INVOICING ADDRESS**

Company
Address
Postal code City Country
First name Surname
Phone Email

**INVOICING SENDING ADDRESS**

Company
Address
Postal code City Country
First name Surname
Phone Email

This document amends the contract.
General Conditions of Subscription, original and amended subscription forms, dosimetry monitoring form and quotation together form the contract to LANDAUER® Dosimetry Service.

☐ I certify the accuracy of the information mentioned in the contract and undertake the responsibility to communicate any changes as soon as possible.

☐ I agree to LANDAUER General Conditions of Subscription available on www.landauer.fr/en/knowledge/technical-leaflets-instructions/.

- Place: _____ Date: _____
- Signature:
- Authorized person: _____
- Official company stamp

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LANDAUER EUROPE SAS
Au capital de 3.446.950 euros
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N° TVA : FR 06 441 462 033

*Vous accompagner au quotidien*