DON'T PRINT ME! EMAIL ME

LANDAUER DOSIMETRY CONTRACT

SUBSCRIPTION FORM

❶ Fill and sign the documents required below:

☐ Subscription form ☐ Dosimetry monitoring form ☐ Offer / Quote *(If you have one)* ☐ Purchase order *(If you have one)*

❷ Keep a copy for you and returns the originals by e-mail to servicecommercial@landauer.fr.

EMPLOYER ADDRESS

Company (32 characters max.) .....

Address .....

Postal code ..... City ..... Country .....

Registration number .....

ACCOUNT MANAGER

Person in charge of dosimetry monitoring

Civility Civility First name ..... Surname .....

Phone ..... Email* .....

CHANGE OF LEGAL ENTITY

As part of the transfer of an existing contract (change of company registration number (SIREN, DUNS, CRN…), please provide us with your current account number:

FO-0 ☐☐☐☐☐☐ ☐ Check if there is no modification on information below and on the enclosed file.

RADIATION SAFETY OFFICER (RSO)

Company (32 characters max.) .....

Address .....

Postal code ..... City ..... Country .....

Civility Civility First name ..... Surname .....

Phone ..... Email .....

Dose Report

DOSE REPORT ADDRESS

Occupational physician authorised to receive dose report

Company (32 characters max.) .....

Address .....

Postal code ..... City ..... Country .....

Civility Civility 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 occupational physicians, please give us their contact and address. All of them 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 (32 characters max.) .....

Address .....

Postal code ..... City ..... Country .....

INVOICING CONTACT

Civility Civility First name ..... Surname .....

Phone ..... Email .....

INVOICING SENDING EMAIL ADDRESS

To be filled only if different from invoicing contact

Email .....

General Conditions of Subscription, original subscription form, 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 to communicate any change as soon as possible.

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

▶ Place: ..... Date: .....

▶ Authorized person: .....

▶ Signature

FOR248-I

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LANDAUER EUROPE SAS
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Vous accompagner au quotidien