

VIRATEK, INC. INFORMATION REQUEST FORM

Please send information on the following product(s):

- LE2020 Misting Tunnel
- LE2828 Misting Tunnel
- Pass-Through Door for Misting Tunnel
- Self-Replenishing Entry Decontamination System
- Wash-Off Labels
- MB-10 Chlorine Dioxide Tablets by Quip Laboratories, Inc.
- Other Information Requested (Please specify) \_\_\_\_\_

Send Information To:

\*First Name \_\_\_\_\_

\*Last Name \_\_\_\_\_

\*Title/Position \_\_\_\_\_

\*Company/Facility Name \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ Country \_\_\_\_\_

\*Zip \_\_\_\_\_

\*Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Note: An email address and/or fax number must be supplied to transmit information.

\*Type of Facility/Company

- College/University
- Private Research Facility
- Government Research Facility
- A & E
- Other: \_\_\_\_\_

I learned about ViraTek, Inc.'s products through:

- Advertisement
- Meeting/Trade Show
- Colleague
- Other: \_\_\_\_\_

\*Required Fields—must be completed to submit form.