

PROFICIENCY TESTING 2024

Name and DELIVERY/INVOICING address: _____

Contact person: _____

Phone: _____ E-mail: _____

PLEASE STATE <u>THE NUMBER</u> OF SETs		
	MARCH	NOVEMBER
SET 1		
SET 2		
SET 3		
SET 4		
SET 5		
SET 6		
Shipping method: <input type="checkbox"/> By post <input type="checkbox"/> Personal take-over		

Date:

Signature:
