

## **MONTHLY REGISTRATION FORM**

### **REFERENCE MATERIALS**

**Name and DELIVERY / INVOICING address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

	<b>INDICATE THE NUMBER of SETs</b>
<b>MONTH:</b>	
<b>SET 1 – MID-IR spectro.</b> fat, proteins, lactose	
<b>extra SET 1</b>	
<b>SET 2 – urea</b>	
<b>extra SET 2</b>	
<b>SET 3A– freezing point</b> (non-preserved samples)	
<b>extra SET 3A</b>	
<b>SET 3B – freezing point</b> (preserved samples)	
<b>extra SET 3B</b>	
<b>SET 4 – enumeration of somatic cells</b>	
<b>extra SET 4</b>	
<b>SET 5 – pasteurised milk</b>	
<b>extra SET 5</b>	
<b>SET 6 – pasteurized cream</b>	
<b>extra SET 6</b>	
<b>SET 7 – sensory analysis</b>	
<b>extra SET 7</b>	

**Registration is considered  
as an order!**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_