

Questionnaire

Date: _____

Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Fax:	<input type="text"/>
Contact person:	<input type="text"/>	E-mail:	<input type="text"/>
Title:	<input type="text"/>		

Nonstandard vacuum equipment

Type of equipment

- Thermal equipment
- Testing equipment
- Deposition equipment

Vacuum mode

(To be filled in in case of any special technical demands)

Vacuum level:

(in a cool condition)

Pumping system:

- oil sealed
- cryo pump
- no special demands
- oil free
- turbo molecular pump

Startup time:

Information about treated samples

Overall dimensions of treated samples:

Weight of treated samples:

Quantity of treated samples:

Description of technological process

Application:

Brief description of technological process

Email the questionnaire:

vacuum@ostec-group.ru

Get a phone consultation:

+7 (495) 788-44-44

Name

Signature