REQUEST FORM FOR TRIAL

|  |  |
| --- | --- |
| Distributor:*Name, Address and Contact point to notify once trial is set up* |  |
| Date: |  |
| Trial No. / Free Collaboration No.: |  |

Customer Name and Address:

|  |  |
| --- | --- |
| Institution: |  |
| Address: |  |
| City/Country: |  |
| Postal Code: |  |
| Contact Person: |  |
| Phone: |  |
| Fax: |  |
| E-Mail: |  |

|  |  |  |
| --- | --- | --- |
| Item | Years | Trial Period |
| (Online Publications) |  |  |

Desired starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list IP address/range:

|  |  |
| --- | --- |
| IP range | Name of Institution(if different from institution above) |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |

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