

Carnoy - Fax registration form

Print this form, fill it out and fax it to +32 16 321968

Name: _____

Address: _____

e-mail: _____

Card: ☐ VISA ☐ Mastercard

Card n°: _____

Expiration date: _____

Platform: ☐ Macintosh ☐ Windows

I would like to register _____ (x \$15) copies* of Carnoy 2.0.

TOTAL: \$ _____

* We offer volume discounts. Contact peter.schols@bio.kuleuven.ac.be when ordering more than 5 licenses.