

MicroFab Space Visit Request

APPLICANT INFORMATION*:

** Legally responsible for organizing the visit on behalf of your company or institution*

Name and Surname:	
Institution or Company:	
Phone Number:	
E-mail:	

VISIT DETAILS:

Name and Surname:	
Date(s):	
Starting time:	
Ending time:	
Number of participants:	

Explain the purpose of the visit:

Date, Applicant Signature and Institution Stamp:

TERMS AND CONDITIONS:

- 1.- Visits are made during the hours of operation of the MicroFabSpace (from 9am to 6pm).
- 2.- Groups that have children must always be accompanied by 2 responsible adults in charge.
- 3.- Visitors must always follow the instructions given by the staff of the MicroFab Space.

In compliance with Law 15/1999 of December 13, Protection of Personal Data (LOPD), we inform you that the personal data provided voluntarily in this form will be added and/or updated in a file owned by Foundation Institute for Bioengineering of Catalonia (IBEC), established in C/ Baldiri Reixac, 10-12, 08028 Barcelona aimed to manage service delivery, training and dissemination seminars. At any moment, you may exercise your rights of access, rectification, cancellation and opposition by sending an email to the address arco@ibecbarcelona.eu.

I consent to receive by email scientific and technical information as well as information about courses or seminars organized by IBEC. **YES** **NO**