

Laser Microjet[®] Test Application

Company: _____ Address: _____
Name: _____
Phone: _____
Fax: _____
E-Mail: _____

Treatment: _____ **Sketch (dimensions, ...):** _____

- cutting
- drilling
- grooving
- thin film ablation

Cutting width: _____

- 50µm
- 75µm
- 100µm
- other :

Material + thickness (exact designation): _____

Layer 1 : _____ µm
Layer 2 : _____ µm
Layer 3 : _____ µm
Layer 4 : _____ µm
Layer 5 : _____ µm

Process of manufacturing at present: _____

Problems in the production at present: _____

Special request for the test (speed and quality requirements): _____

Thank you to send this form to:

Place, date and signature

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