

Complete the following form and send by e-mail: comunicacion@afiti.com or by fax 901 706 587.

Data to be completed by the applicant:

Company: _____

Address: _____

Phone: _____ Fax: _____

Web: _____ E-mail: _____

Contact person: _____ Phone: _____

Date/s proposal/s for the visit: _____

Number of person who will attend the visit: _____

Important: Please specify in section 2 of 2, the names and Id Card number of those attending the visit.

Means of travel: _____

Kina of tour that you wish to do (mark with "X"):

General (overall visit facilities AFITI-LICOF)

Arganda del Rey Toledo

Specific (a visit to an area/laboratory in particular)

Reaction Resistance Fire Supresión Systems

Others, specify (testing, etc.)

Data to be completed by the Laboratoy

Nª Referencia: _____

Persona/s que atenderá/n la visita: _____

Lugar de recepción de la visita: _____

Vº Bº:

Informado:

Informado:

Fecha:
Dirección Técnica LICOF

Fecha:
Guía/s de la visita

Fecha:
USA

Company Request:

Attendance n°	ID Card	Name and firs name
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