



Application Request

Spray Drying and Encapsulation

Company name: _____

Address: _____

Postcode / City / Country: _____

Contact person: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Field of application

Field of application		remarks
Pharma / Drug delivery	<input type="checkbox"/>	_____
Material / Nanotechnology	<input type="checkbox"/>	_____
Chemistry	<input type="checkbox"/>	_____
Feed	<input type="checkbox"/>	_____
Food and Beverage	<input type="checkbox"/>	_____
Agro technology	<input type="checkbox"/>	_____
Biotechnology	<input type="checkbox"/>	_____
Flavours and Fragrances	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	_____

Name of substance to be processed (Chemical composition)

Substance is soluble in: _____

Description of request (Enter detailed information and a precise description of your request.)

Which BUCHI devices should be used? _____

Sample description

Enter detailed information about the sample below, e.g. concentration, solvent system, suspension, emulsion, special handling, sample preparation, etc.

