



NEW LAB START-UP PROGRAM APPLICATION FORM



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Congratulations on your new lab!
Please complete this form and let Promega help you set up your lab!

Which of the following best describes your new lab?

- Starting a new lab
- Moving to a new location
- First-time grant recipient

New lab start-up date: _____

Name of Principal Investigator: _____

Number of researchers: _____

Please fill in your contact information:

First Name: _____ Last Name: _____

Institution: _____ Department: _____

Shipping Address: _____ Bldg/Room: _____

PO Box: _____ City: _____

State: _____ Zip Code: _____

telephone: _____ fax: _____

e-mail address: _____

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To obtain your free product:

After you receive your first order of Promega products:

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- Valid proof of purchase of up to \$1,000 of Promega product on one order is an order acknowledgement, packing slip or invoice.
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- Contact **Brett Holinbeck** with questions at 1-800-356-9526 extension 2593 or brett.holinbeck@promega.com.

***Terms and Conditions:**

- Get up to \$1,000 of free product with purchase of equivalent amount of Promega product on your first single order direct from Promega.
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