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GENERAL

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Name of Authorized Official of User: _____

Full legal name of Institution: _____

Complete address: _____

City: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Signature : _____

Date: _____

PLEASE RETURN THIS AGREEMENT, DULY EXECUTED, TO *biDEVELOPMENTS*:
Email: mih@bioDevelopments.org or by fax to +1-212-504 8287