

# Inquiry by E-Mail, Fax (+41 61 921 40 80 > tel. Pre-Avis) or Mail

To receive more informations, please check or fill-in the respective cases. The internet form can be sent on-line as E-Mail or you can print it, fill it out and send it by Fax or by Postal Mail.

2013-08-14

(Address field serves for sending back by mail in a window-envelope)

CYBER-06  
Postfach  
CH-4410 Liestal / SWITZERLAND

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**On the following products, we request the dispatch of:**      **documentation**  **prices**  **quotation**

---  Application pressure calibration       id. automatic, computer controlled     

Automatic Pressure Calibrator ADK 4000,       id. with embedded PC/104     

Pressure Reference Standard DRS 3000       Pressure Primary Standard     

Multipurpose Two-Hand Calibrator 2HC (  inkl.) miniaturised     

    Digital Hand Manometer HM       22       28       f.2HC       35       35Ex     

Digital Hand Meteo Station HM30 (Baro-Pressure, Temperature, Humidity, Alti.)     

Electro-Pneumatic Hand Calibrator HM38,       incl. simulation voltage/current     

Hand-Calibrator PTE-1 with Pressure Module(s)       cl. 0,05       0,1       0,25     

Consulting/Training       SCS Calibration       ISO Calibration      REF Calibration>     

**Requested Specifications:**

Measuring range from	to	Unit	Pressure: rel.	abs.	Error max.
1. ....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	..... % f.s.
2. ....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	..... % f.s.

Data interface:       RS-232-C       GPIB       Analogue Output

**We would like a product presentation in our company**

- Please contact us over the phone number below to fix a date.
- Our address has to be corrected as follows:
- Send your informations to the following address, too:

<p><b>On-Line only:</b></p> <p>After filling-in this form on-screen, you send it by e-mail by clicking on the surface below.</p>	E-Mail Address	..... @.....
	Competent Person	.....
	Company/Organisation	.....
	Department	.....
	Street or P.O.B.	.....
	Postal code/Locality	.....
	Phone / Fax Number	..... / .....
Preferred Language	<input type="checkbox"/> Deutsch <input type="checkbox"/> Français <input type="checkbox"/> English	