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REQUEST FOR PRICE QUOTE

Request date

Contact Information

Quote requested by:

Name _____ Company _____
 Address _____
 Phone _____ Email _____

Billing Address

Name _____ Company _____
 Address _____
 Phone _____ Email _____

Shipping Address (If different from the billing address)

Name _____ Company _____
 Address _____
 Phone _____ Email _____

Project Description*

Specification: Min. feature size ____; Min. gap distance ____; Number of layers ____;
 Feature height of each layer _____

Type	SU8-Silicon mould <input type="checkbox"/>	Thermoplastic devices <input type="checkbox"/>	PDMS devices <input type="checkbox"/>
Quantity			
Other	Wafer size____ Mould silanization <input type="checkbox"/> Multi-layer alignment <input type="checkbox"/>	PC <input type="checkbox"/> COP <input type="checkbox"/> PP <input type="checkbox"/> PS <input type="checkbox"/> Other material____ Alignment bonding <input type="checkbox"/>	Alignment bonding <input type="checkbox"/> Hole gauge____
Special request			

Note *Please indicate the polarity of features below (protruding/recessed); default polarity is protruding if unspecified*

* Design files will be required before providing a final quote.