

Project number	PN-	Date	
<b>Contact Details</b>			
	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	
Surname, Given name			
Company			
Address			
Zip Code / City			
Country			
Phone			
Email			
<b>Project Information</b>			
Reason of laser welding request	<input type="checkbox"/> new project	<input type="checkbox"/> exchange (obsolete)	<input type="checkbox"/> comparison
Current fusion technology	<input type="checkbox"/> none	<input type="checkbox"/> laser welding	<input type="checkbox"/> bonding
	<input type="checkbox"/> ultrasonic welding	<input type="checkbox"/> hot-plate	<input type="checkbox"/> other
Application area	<input type="checkbox"/> workstation	<input type="checkbox"/> integration into a production line	
Planned project start			
<b>Sample Details</b>			
	<b>lasertransparent</b>	<b>laserabsorbent</b>	
Sample name			
Part size L x W x H	<input type="text"/> x <input type="text"/> x <input type="text"/> [mm]	<input type="text"/> x <input type="text"/> x <input type="text"/> [mm]	
Material / Producer			
Material designation			
Color			
	part thickness: <input type="text"/> [mm]		
<b>Processing Details</b>			
Laser welding technology	<input type="checkbox"/> Quasi-simultaneous	<input type="checkbox"/> contour	<input type="checkbox"/> radial <input type="checkbox"/> other
Laser welding area	<input type="text"/> x <input type="text"/> [mm]		
Requirements	welding strength: <input type="text"/>	<input type="checkbox"/> [N]	<input type="checkbox"/> [N/mm <sup>2</sup> ] <input type="checkbox"/> [bar]
	welding time: <input type="text"/> [s]	cycle time incl. handling: <input type="text"/> [s]	

\*Please add additional specifications and requests separately.  
 Please send us a sufficient number of samples for testing.  
 Please provide us a current marking sample if available.



Comments	

