



## Workshop Order Request

**Electronic**

**Mechanical**

**Project Title:**

**Description of Work Required:**

**Name:**

**Group:**

**Email:**

**Phone:**

**Order Date:**

**Requested Delivery Date:**

Send the completed form to [workshoporders@pharma.uzh.ch](mailto:workshoporders@pharma.uzh.ch)

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To be completed by the workshop:

**Project Number:**

**Estimated Delivery Date:**

**Project Size:**