



Fenestra Order Form

Fax to: 610-415-9012

Billing and Shipping Information

BILL TO	
Name	_____
Institution	_____
Department	_____
Principle Investigator	_____
Address	_____

City	_____
State/Province	_____
ZIP/Postal Code	_____
Country	_____
Telephone	_____
Fax	_____
Email	_____

SHIP TO (if different than Bill To information)	
Name	_____
Institution	_____
Department	_____
Principle Investigator	_____
Address	_____

City	_____
State/Province	_____
ZIP/Postal Code	_____
Country	_____
Telephone	_____
Fax	_____
Email	_____

Purchase and Payment Information

Catalog No.	Description	Size	Price (US\$)	Qty.	Amount	
LC-131	Hepatobiliary contrast agent	1 vial, 2.5 ml	\$475			
LC-132	Hepatobiliary contrast agent	2 vials, 2.5 ml each	\$902			
LC-133	Hepatobiliary contrast agent	3 vials, 2.5 ml each	\$1,282			
LC-135	Hepatobiliary contrast agent	5 vials, 2.5 ml each	\$2,075			
VC-131	Vascular contrast agent	1 vial, 2.5 ml	\$498			
VC-132	Vascular contrast agent	2 vials, 2.5 ml each	\$947			
VC-133	Vascular contrast agent	3 vials, 2.5 ml each	\$1,346			
VC-135	Vascular contrast agent	5 vials, 2.5 ml each	\$2,185			
					Subtotal	
					Tax	
					Shipping and Handling	
					Total	

NOTE: Prices are quoted in US\$ for distribution in North America. Please contact ART for pricing outside North America and shipping to international destinations. Prices subject to change without notice.

Method of Payment	
<input type="checkbox"/> Check (must be in US\$ and payable to ART Advanced Research Technologies Inc.)	<input type="checkbox"/> Wire Transfer (US\$)
<input type="checkbox"/> Visa	
Name on Card: _____	Expiration Date (ex. 06/14): ____ / ____
Signature: _____	
Card Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Security Code: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Federal Tax ID/VAT Number: _____	

ART is a leading provider of clinical and preclinical optical imaging systems and products.

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