

CONTROLLED Environments[®]

MAGAZINE
CONTAMINATION CONTROL FOR LIFE SCIENCES AND MICROELECTRONICS

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5. WHICH CATEGORY BEST DESCRIBES YOUR JOB FUNCTION? (PLEASE CHECK ONLY ONE)

- | | | |
|--|---|--|
| <input type="checkbox"/> A. Design/Build (Architecture/Construction) | <input type="checkbox"/> E. Package Engineering | <input type="checkbox"/> J. Other Engineering |
| <input type="checkbox"/> B. QC/QA Validation | <input type="checkbox"/> F. Quality Engineering | <input type="checkbox"/> K. General Corporate Management |
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Mechanical Engineering/Project Design | <input type="checkbox"/> H. Engineering Management | <input type="checkbox"/> M. Consulting |
| | <input type="checkbox"/> I. Technician/Engineering Support | <input type="checkbox"/> X. Other (please specify) _____ |

6. WHICH CATEGORY BEST DESCRIBES THE INDUSTRY IN WHICH YOU WORK? (PLEASE CHECK ONLY ONE)

- | | |
|---|--|
| LIFE SCIENCES | MICROELECTRONICS |
| <input type="checkbox"/> A. Pharmaceuticals | <input type="checkbox"/> F. Semiconductors, ICs, Hybrid Circuits, Sensors |
| <input type="checkbox"/> B. Biotechnology/Bioscience/Biologicals/Biomedical | <input type="checkbox"/> G. Clean Manufacturing Materials (Chemicals/Gases/Water/Solids)
and Delivery Systems |
| <input type="checkbox"/> C. Clean Manufacturing Materials (Chemicals/Gases/
Water/Solids) and Delivery Systems | <input type="checkbox"/> H. Products/Components Manufactured in a Clean Environment |
| <input type="checkbox"/> D. Medical Device/Instrumentation/Electronics | <input type="checkbox"/> I. Microelectronics, Non-Semiconductor (Printed Circuits/Sensors/Relays/Switches) |
| <input type="checkbox"/> P. Food Processing | <input type="checkbox"/> N. Nanotechnology, MEMS |
| <input type="checkbox"/> E. Other Life Sciences
(please specify) _____ | <input type="checkbox"/> J. Homeland Security/Defense/Aerospace |
| | <input type="checkbox"/> K. Other Microelectronics (please specify) _____ |

7. Are your products manufactured/assembled in a cleanroom or controlled environment? 1) yes 2) no

8. Do you buy, specify, or recommend clean manufacturing products, processes, or services? 3) yes 4) no

9. Indicate which product or service categories you buy, specify, or recommend (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 5) Consumables/Apparel | <input type="checkbox"/> 7) Materials/Design/Construction | <input type="checkbox"/> 9) All listed | <input type="checkbox"/> 11) Other (please specify) _____ |
| <input type="checkbox"/> 6) Equipment/Components | <input type="checkbox"/> 8) Critical Cleaning | <input type="checkbox"/> 10) None listed | |

Please SIGN, DATE, and FAX to 603.672.3028
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