

# Whitley H35 Hypoxystation

## REQUEST FORM

Company Information
Name:
Address:
City:
CIF:
Contact Person / E-mail:

Use of the Hypoxia Cabin
Price/hour: 4,48 €
Dates:
Total hours:

Agreement
Date:
Contact Person:
Signature:

Once the form has been completed please return it to Marc Boix; [marc.boix@irbbarcelona.org](mailto:marc.boix@irbbarcelona.org). Please also contact him if you have any further questions.