



# Free Computation Power Program Application Form

Please complete, sign and fax to OXALYA on +33(0)1 45 59 02 51

First Name _____	Last Name _____
Job Title _____	Phone Number _____
e-mail address _____	Fax Number _____
Company Name _____	
Company Address	
_____	
_____	
_____	

## My needs

<p>Compute power needed</p> <p>_____ Hours x core</p> <p>_____ Gfh</p>	<p>Software to be run</p> <p><input type="checkbox"/> Home made</p> <p><input type="checkbox"/> Commercial If any, please specify _____</p> <p>_____</p>
<p>Business competitiveness advantage (please describe briefly what are the advantages the <i>Virtual Nodes</i><sup>®</sup> FCPP may bring to your business)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Description of the scientific purpose (please describe briefly what are the field of research you are working in, and what will the <i>Virtual Nodes</i><sup>®</sup> FCPP bring to your work)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

I have read and understood all *Virtual Nodes*<sup>®</sup> Free Computation Power Program conditions.

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

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