



NIRS Forage and Feed Testing Consortium

"Dedicated to increasing the accuracy and knowledge of NIRS testing."

New Member Information Form

Laboratory or Entity Name:	
Address:	
Telephone:	Fax:
Name of Contact Person:	
Title of Contact Person:	Email of Contact Person:
Names, titles, & emails of other involved persons at your lab:	
Type of Business or Organization: <small>(e.g. seed breeder, university research lab, etc.)</small>	Category of NIRSC membership: <small>(See accompanying membership categories document.)</small>
Instrument Make & Model:	Instrument Serial #:
Type of attachment on instrument: <small>(e.g. spinning cup, autoloader, external cup. etc.)</small>	Is instrument Autogain equipped?
What is your desired timeline for completing standardization and getting equations running?	
What types of projects, equations, etc. are you interested in participating, in development or update etc.?	
Other comments:	
I would like to confirm our business/organization joining the NIRSC now	<input type="checkbox"/>
I would like to get more information before joining the NIRSC	<input type="checkbox"/>
Signed:	Date:

Send form to: **Patty Laskowski**
NIRS Consortium
E17995 Western Rd
Hillsboro, WI 53716

pmlaskowski@mwt.net
Ph: 608-489-3960
Fax: 608-489-3961