

## Contact sheet for Laser Beam Expanders

☐ Estimation ☐ Order

Date

☐ To: Sigma Koki Co., Ltd. **FAX +81-3-5638-6550**

Affiliation (Organization Name)					
Department		Name			
TEL		FAX		E-mail	
Country/Address					
Name & Designation		(Tentative name is okay)			
Drawing Number		Estimate	<input type="checkbox"/> Yes: by Date <input type="checkbox"/> No		
Desired Delivery Date		Budget	JP Yen		
Intention			Outline and Dimensions		
			* Please enter your rough shape and dimensions.		
Quantity			Other		
Wavelength Used	$\lambda =$	nm	* Write more detailed specifications here. (Rough illustration is acceptable.)		
Divergence angle of beam	F =	mrad			
Beam incident diameter		mm			
Magnification of afocal					
Transmitted wavefront	$\lambda /$				
Type of lens	<input type="checkbox"/> Galilean type <input type="checkbox"/> Keplerian type				

Sigma Koki Co., Ltd.

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