

Technical Assistance Request : Thermal Management

Superior Seals,
Exceptional Service



Date:

To get the most timely and accurate quote possible, * fields are required information. All customer supplied information is held strictly confidential.

Contact Info	* Company:		* Contact:	
	Division of:		Position:	
	* Street Address:		* Phone:	
	* City/State/Zip:		* E-Mail:	

Application Info	What type of product are you interested in?			
	<input type="checkbox"/> Thermal Gap Pad	<input type="checkbox"/> Conductive Gel/Grease	<input type="checkbox"/> Phase Change Material	<input type="checkbox"/> Foil Heat Spreader
	<input type="checkbox"/> Dielectric Pad	<input type="checkbox"/> Attachment Tape	<input type="checkbox"/> Other: _____	
	*Performance Requirements:		Thermal Conductivity	W/m-K
			Thermal Impedance	°C-in ² /W
			Volume Resistivity	Ohm-cm
			Dielectric Strength	V/mil
Operating Environment:				
*Minimum Continuous Temperature	<input type="checkbox"/> °F <input type="checkbox"/> °C	*Maximum Continuous Temperature	<input type="checkbox"/> °F <input type="checkbox"/> °C	
Minimum Intermittent Temperature	<input type="checkbox"/> °F <input type="checkbox"/> °C	Maximum Intermittent Temperature	<input type="checkbox"/> °F <input type="checkbox"/> °C	
*Installation Gap	<input type="checkbox"/> IN <input type="checkbox"/> MM	Required Hardness		
*Outgassing Requirements		<input type="checkbox"/> None <input type="checkbox"/> Maximum TML % Maximum CVCM %		
Additional Information / Requirements				

Please return this form to your Sealing Devices
Inside Sales Representative, or to seals@sealingdevices.com