**APExBIO Virtual Screening Services Registration Form**

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| **Applicant Information** |
| **First Name of Applicant:** | **Last Name of Applicant:** |
| **Date： (MM/DD/YYYY)**  |
| **Company/Institute Information** |
| **Company/Institute Name：**  |
| **Address Line 1：**  |
| **Address Line 2:** |
| **City:** | **State:** | **Zip:** |
| **Phone:**  | **E-mail:** |
| **Services** |
| ***Protein Sequence Analysis:***  |
| 🞎 Homology modeling | 🞎 Amino Acid Sequence Analysis | 🞎 Secondary Structure Analysis |
| ***Preparation for Docking:*** | 🞎 Protein structure optimization | 🞎 Glide Grid |
| ***Compound Active Site Prediction and Pocket Search:*** |  |  |
| 🞎 Homologous alignment | 🞎 Compound Active Site Prediction |
| ***Molecular Docking and Scoring:***  |  |  |
| 🞎 Top10 Small Molecules | 🞎 Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Customer Signature:** |
|  **Printed:**  |
| **Date:**  |
| For Internal Use only |
| Project ID:  |
| Date of reception:  |
| Signature of responsible Officer:  |