In order for us to be able to select the most efficient anchoring systems for your project, please:

1. Select 'HALFEN Top of Slab adjustable curtain wall bracket' and provide "b" or please provide "A" through "I" and Adjustment for custom clips (by others), as applicable.

2. Please provide the required information, questions 1 to 5 in the section 'Project Information'.

3. Fax to 877-683-4910, e-mail to engineering@halfenusa.com or e-mail to Sales representative.

### Project Information

1. Project Name: ____________________________
2. Concrete Strength [f’c]: _________ psi
3. Customer Name: ____________ Building Code: ______________________
4. Location, City: ____________ State: __________________
5. Wind Load 'WL': _________ lb
6. Dead Load 'DL': _________ lb
7. Floor-to-Floor Height: _________ ft
8. Mullion Centers: _________ ft
9. Curtain Wall System Weight: _________ psf
10. Wind Pressure: _________ psf
11. Wind Suction: _________ psf

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