

The Central Microscopy Facility - User Registration Form

Date: _____ PI Account _____ Project No. _____

----- Type or print clearly; complete ALL information below this line. -----

Project Leader/Advisor: _____

Phone: _____ Email: _____

Billing Information:

Billing Reference (Speedtype, etc.): _____

Billing Address: _____

P.I. Signature: _____

Form must be signed to authorize services as described.

User: _____

Phone: _____ Email: _____

User: _____

Phone: _____ Email: _____

User: _____

Phone: _____ Email: _____

Project Title: _____

Project Summary: (Please write (or attach) a brief written summary of work to be conducted. Please provide copies of reference material that will help us assist with your project.)

Services Requested: