MICROSCOPY AND MICROANALYSIS

UNB - Microscopy and Microanalysis Facility

REGISTRATION and AUTHORIZATION FORM

REGISTRATION:

USER (CLIENT / STUDENT):	ACCOUNT HOLDER / SUPERVISOR:
NAME: _____	NAME: _____
POSITION: _____	POSITION: _____
DEPARTMENT:_____	DEPARTMENT:_____
ORGANIZATION: _____	ORGANIZATION: _____
PHONE:_____	PHONE: _____
EMAIL:_____	EMAIL:_____

(print clearly)

AUTHORIZATION:

I hereby authorize the named user above to obtain services and supplies from the Microscopy and Microanalysis Facility and to apply charges to the following UNB account number.
This authorization is valid for one year from date of signature.

**** REQUIRED FIELDS**

****ACCOUNT NUMBER:** _____ - _____ - **xxxxxx** - _____ - _____

****ACCOUNT HOLDER:** _____ _____
Signature **Date**

BUDGET RESTRICTIONS (optional) not to exceed: $ _____

Please return completed form to: Microscopy and Microanalysis Facility, Rm. 25, Bailey Hall, UNB-Fredericton, Phone: 453-4887; Fax: 453-3583; microscopy@unb.ca

Privacy: UNB and the Microscopy & Microanalysis Facility are committed to protecting the personal information of our clients/students. The information collected on this registration and authorization form will be used solely for facility administration purposes and will be accessible only to facility administrators. For more information on the protection of personal information at UNB please consult the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB, E3B 5A3 www.unb.ca/secretariat (506) 453-4613.

Acknowledgements to the **UNB-Microscopy & Microanalysis Facility** would be appreciated in any publication, poster or presentation that makes use of data collected at the facility or by its staff. Thank you.

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