

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.