

## **New User Information Sheet**

Date:	
Instrument:	
First and Last Name	ID #:
Department:	
Phone Extension:	
E-mail Address:	
Mail Stop:	
Fund/Org. to charge for instrument use:	
Advisor:	
If you have already been trained, who trained you?	
RETURN FORM TO MERI DIX IN BRC-218 OR INT SCAN AND EMAIL TO meri.c.dix@rice.edu.	<u>'EROFFICE MAIL, MS680, OR</u>