

NEW USER FORM

User's Name	Supervisor & Institution
User's Phone Number	Supervisor's Phone Number
User's Email Address	Supervisor's Email Address
Initials or username	Budget Code
Describe type of analysis and instrument requirements	

 User's Signature

 Date

 Supervisor's Signature

 Date

Complete this form and return to the CEAR technician. Data results are saved under initials/username. Billing is initiated with budget code provided.

