Center for Microscopic Imaging
University of Illinois, Urbana-Champaign

Registration for Research Use of Facilities
This form to be filled out every August

Name: (of advisor)

Position Title:

Department & College:

Campus Address:

Room **Bldg.** **Street Address,**

Mailcode **Buisness Phone** **email**

Billable Account Number(s):

Account Title(s):

Account Number Source: (circle one) **State Line** **Grant**

Account Expiration Date: (if applicable)

Please list the names and phone numbers of approved account users:

1. _____
2. _____
3. _____

The above CMI registered user(s) has my authorization to use the specific account as stated.

Name:(Please Print)

Signature: (of advisor) **Date**: