

**UMBC NanoImaging Center
USER REGISTRATION FORM
External User**

User Name		
Phone	Email	
Company Name		Federal ID#
Street Address		
City	State	Zip Code
Business Contact's Name		
Phone	Email	

I certify that I have read and accept the Policies of the UMBC NanoImaging Center.

User's signature Date

User preparedness

User class	Qualified	Comment	Authorizer's Signature	Date
C: Beginner				
B: Experienced				
A: Expert user				