

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

User Name	
Phone	Email
Principal Investigator/ Financially Responsible Person	
Phone	Email
Department	Chartstring
Business Manager'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				