

NMR Center Financial Responsibility Agreement Form

Print Your Name _____ Date _____
Last First

Please give your complete campus mail address:

Room _____ Building _____ Department _____

Phone Number _____ Email _____

Research Advisor _____ Account # _____
Last First

Academic Status: Undergraduate Graduate Postdoc Staff Faculty

Training Procedure

1. Complete this training application form. Schedule a time with Will Cutchins (7-6626, wcutchi@emory.edu) for training.
2. Visit the web site www.emory.edu/NMR/newnmr.html. Read all six files. Print out a copy of the operation instructions and bring them with you to the training session. If you have a NMR sample, you may bring that as well.
3. Be sure to bring your research group's Account Name and Password to the session.
4. If you need to cancel your training session, please notify Will at least three hours beforehand.

I have read and now understand the NMR Center User Policy and related instrument information from www.emory.edu/NMR/newnmr.html.

Your Signature

The person above, who is doing research with me, has what I consider a legitimate reason for learning to operate and subsequently using the NMR Center facility in his/her research. I authorize payment from the above indicated research account for usage of the NMR Center facility while s/he is using it.

Signature of Research Advisor Date _____

The NMR Center Staff Use Only

User ID _____

Merc300 Instructor _____ Date Start _____ Date Complete _____

Inova400 Instructor _____ Date Start _____ Date Complete _____

Inova600 Instructor _____ Date Start _____ Date Complete _____

Unity600 Instructor _____ Date Start _____ Date Complete _____

QE300 Instructor _____ Date Start _____ Date Complete _____