

## User Registration Form

The following form has to be completed in order to be registered as a user of the Department of Immunology Core Unit (CU). The form can be easily completed with the help of your departmental administration. The form must be presented to the head of the facility prior to any use of the facility.

Please fill-in the form in block letters.

New User Name: \_\_\_\_\_

User E-Mail: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor's E-Mail: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

Kostenstelle  
nummer: \_\_\_\_\_

I have read, understood and will oblige to the above stated user duties and recharge policies. I accept the terms of service and recharge rates.

I've read and will comply, where necessary and feasible, with the policy of acknowledging the work and support of the Department of Immunology CU and its staff.

Date:	User Signature	Supervisor Signature
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