

All fields required unless noted otherwise Please send completed form to Emma DeSousa: QNC B207

	onsible for all charges incurred on this proje	ect e & WatIAM userid (if applicable) in Part 2 below	
First Name	Last Name	Title	
Academic U	sers:		
	Faculty	Department	
	Affiliation (circle one): IQC	NIN other (pls specify):	
non-l IWat	UWaterloo Account #:	ress helow):	
Institution / Company No	ame Building Name	Office Room #	
Billing Address	City	Province/State	
Country	Postal Code/Zip Code		
Phone & extension	Email	Fax	
Access needed*: * Check ALL that apply QNC cleanroom** ** \$200 course fee for QNC cleanroom	PROJECT NAME: Please check this box if this is an existing		
QNC Packaging & Sample Prep labs			
 RAC1 satellite labs RAC2 satellite labs 	Signature* * PI is responsible for all charges incurred by ir QNC Cleanroom registration fee (if access to	Date ndividuals named below and for \$200 (per person) QNC Cleanroom is required)	
Part 2. Personnel Expected to Work on this Project			
First Name	Last Name	Email Address	
WatIAM userid (UW users only) Please check one: Masters PhD Post-Doc Employee Co-op** UGrad** If non-UW pls indicate organization name:			
First Name	Last Name	Email Address	
WatIAM userid (UW use	rs only) Please check one: Masters P	Please check one: □Masters □PhD □Post-Doc □Employee □Co-op** □UGrad**	
If non-UW pls indicate organization name:			
First Name	Last Name	Email Address	
WatIAM userid (UW users only) Please check one: Masters PhD Post-Doc Employee Co-op** UGrad** If non-UW pls indicate organization name:			
**Co-op and UGrad members have restricted lab privileges. Please refer to "Membership Eligibility Requirements" policy for more info.			

PLEASE NOTE: People listed in parts 1 & 2 agree to be subscribed to the QNFCF Mailing List and also agree to have their name appear in annual reports or in any other related publications.