

Please send completed form to Emma DeSousa: QNC B207

	nsible for all charges incurred on this proje to work in the lab should enter their name	ect e & WatIAM userid (if applicable) in Part 2 below	
First Name	Last Name	 Title	
Academic Us	Faculty	Department	
	Affiliation (circle one): IQC V	VIN other (pls specify):	
	UWaterloo Account #:		
non-UWate	rloo Account # (if applicable or billing addr	ess below):	
Institution / Company Na	me Building Name	Office Room #	
Billing Address	City	Province/State	
Country	Postal Code/Zip Code		
Phone & extension  Access needed*:	Email	Fax	
* Check ALL that apply  QNC cleanroom**	PROJECT NAME:		
** \$200 course fee for QNC cleanroom  QNC Packaging & Sample Prep labs	Please check this box if this is an existing	project:	
☐ QNC TEM/FIB labs			
RAC1 satellite labs	Signature*	Date	
RAC2 satellite labs		ndividuals named below and for \$200 (per person)	
Part 2. Personnel Expected to	Work on this Project		
First Name	Last Name	Email Address	
WatIAM userid (UW users	s only) Please check one: □Masters □P  If non-UW pls indicate organization	PhD □Post-Doc □Employee □Co-op** □UGrad** on name:	
First Name	Last Name	Email Address	
WatIAM userid (UW users	s only) Please check one: □Masters □P	PhD □Post-Doc □Employee □Co-op** □UGrad**	
	If non-UW pls indicate organization	on name:	
First Name	Last Name	Email Address	
WatIAM userid (UW users	• •	Please check one: □Masters □PhD □Post-Doc □Employee □Co-op** □UGrad**  If non-UW pls indicate organization name:	