



SEM/ESEM/TEM/HRTEM

(circle one)

Centre for Nanostructure Imaging Department of Chemistry

Name of User(s):

Supervisor:

Billing Information:

CFC

Fund

CC/IO

I/We hereby agree to the cost of \$150 dollars for the training of the aforementioned user(s).

A maximum of 3 users will be trained per session.

Routine use of the equipment will require successful completion of the training session.

I hereby agree to operate the facility equipment in accordance with the guide lines received during my training. I will be responsible for any damage caused by my failure to operate the instruments the way I was instructed.

Signature : _____ Date: _____

Please Note : The funding numbers provided will be used for future billing purposes unless otherwise instructed.

Signature of the supervisor: _____ Date: _____

