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 Claney Pereira (7-6626, clperei@emory.edu) for training.
2. Visit the web site http://www.emory.edu/NMR/Hall/index.html. Read all training files. Print out a copy of the operation instructions (\textsuperscript{1}H, \textsuperscript{13}C and Locking/Shimming) 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 Claney at least three hours beforehand.

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

________________________________________ Date ____________________

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.

________________________________________ Date ____________________

Signature of Research Advisor

The NMR Center Staff Use Only

Person Trained: ____________________________

User ID: ___________ Date Trained: ____________________________

________________________________________ Date ____________________

NMR Instructor Signature