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 NMR center service instructor 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 ($^1$H, $^{13}$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 the service instructor 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