

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 (^1H , ^{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/>

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.

Signature of Research Advisor Date _____

The NMR Center Staff Use Only

Person Trained: _____

User ID: _____ Date Trained: _____

NMR Instructor Signature Date _____