

Name:

Ms Miss Mrs Mr Dr
Prof
(please circle)

**Department/Company
(address on reverse):**

Telephone number:

E-mail:

User name:

**Position (postgrad.,
postdoc.):**

Supervisor:

**Microscopes to be
used:
TEM SEM CLSM LM IA
TL
(please circle)**

Brief description of project:

Possible hazards of material to be used:

**Person/Department to
be charged:**

Signature:

Date: