

BIF User Account Request Form



I hereby request creation of a Brain Imaging Facility user account:

Last name: _____ Department/Institute: _____
First name: _____ Research group: _____
Position: intern doctoral student Supervisor/principal investigator: _____
 PostDoc PI Related projects: _____
 other: _____
E-mail: _____
Tel.: _____ Staff ID no./Student no.: _____

I hereby confirm that I have read and understood the Operator and User Regulations, the BIF PC Pool User Guidelines and the Fee Regulation for Magnetic Resonance Imaging on RWTH Aachen University Faculty of Medicine Research Scanners and RWTH Aachen University Hospital (UKA) Research Scanners, agree to them and will comply with them.

Place, date _____

Signature user _____

Subscribe to BIF mailing list Yes No

Signature principal investigator _____



Signature BIF Head of Department/Representative: _____

-----for internal use only-----

uid (name): _____
mail sent

database
lists.rwth-aachen.de