

Registration Form

Flow Cytometry Facilities - part of the Network Biology Collaborative Center
(Lunenfeld Tanenbaum Research Institute)

Date _____

Client Information

Name: _____ Title _____

Email: _____ Phone: _____

Institution

Internal: Lab name and room number _____

External: Lab name and full address _____

Client Agreement

I acknowledge that I have read and will comply with all policies stated on the LTRI Flow Cytometry web site including all safety related policies governing work at the LTRI

Signature _____

Supervisor/Grant holder

Name: _____ Title: _____

Email: _____ Phone: _____

Institution: _____

Internal cost center (LTRI): _____

External clients to provide full address and billing information

Billing Contact: _____

Biling Address: _____

I acknowledge that I have read and accept the fee structure and agree to cover expenses incurred by the above-mentioned client.

Signature of supervisor/grant holder:



Please complete this form and return a signed copy to:
Michael Parsons
Manager Flow Cytometry Facilities/Network Biology Collaborative Centre
Mount Sinai Hospital rm. 980 (LTRI), 600 University Ave. Toronto ON
<parsons@lunenfeld.ca>416-<272-3999>