

Nanoscience @ UNM: CleanRoom User & Project Information Form

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|--|--|---------------------------------------|---|---|------------------|
| Date: | | UNM Technical Liaison Contact: | | | |
| New Project Title: (please be short but descriptive) | | | | | |
| First Name: | | | Last Name: | | |
| Organization or Institution: | | | | | |
| Department: | | | | | |
| Mailing Address: (where you receive business related mail) | | City: | State or Country: | | Zip Code: |
| Mailing Address: (where you want invoices sent, if different from above) | | City: | State or Country: | | Zip Code: |
| Attn: | | | | | |
| Phone # (primary / alternate): 1. 2. | | FAX #: | | Email Address (primary / alternate): 1. 2. | |
| Emergency Contact Name and Phone (please include relationship, e.g., friend, spouse, coworker, etc.) : (Required if personally using the lab.) | | | | | |
| Project Principal Investigator (PI)* or Responsible Manager: | | | Email address for PI or Responsible Manager: | | |
| Accounting Details for External Users | | | Accounting Details for Internal Users | | |
| Purchase Order #: | | | Index Code: | | |
| or Credit Card Issuer (MC or VISA Only) : | | | Dept Name | | |
| Accounting contacts | | | Mailing Address | | |
| Name: | | | PO Box or Street: | | |
| Email: | | | | | |
| Phone1: | | | City: | | |
| Phone2: | | | State, ZIP code: | | |
| | | | or Country | | |
| Personnel expected to work on this project: (add additional sheets as necessary) | | | | | |
| Name: | | | Title or Function: | | |
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| Á Á Á Á | Objectives |
| Á Á Á Á | Technical approach |

Project Review - Signature Approval

| Reviewed by: | Signature: | Date Approved: | Description of Expertise or Job Title |
|---------------------|------------|----------------|---------------------------------------|
| Masahiro Kemei | Á | Á | Á |
| Ganesh Balakrishnan | Á | Á | Á |
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Synopsis of issues or concerns:

1.)

2.)

3.)

4.)