



## User Information Questionnaire

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Department/Division \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Id Card number \_\_\_\_\_

Fax number \_\_\_\_\_

Email \_\_\_\_\_

Research Interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equipment Interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_