

Updating Registration Details for Current Adelaide Microscopy Users



DVCR – ADELAIDE MICROSCOPY

For completion by User

| User Details | |
|--|--|
| Surname: | |
| First name: | |
| Title: | |
| UoA ID 'a' number (UoA only): | |
| Charge Rate: | |
| Research Discipline: | |
| Position Title: | |
| Organisation: | |
| Department: | |
| Work Address: | |
| Suburb: | |
| Postcode: | |
| Telephone (Work): | |
| Mobile: | |
| Email: | |
| I would like to receive emails from Adelaide Microscopy (future workshops/seminars, news): | |
| Supervisor Details (if applicable) <i>(Invoices will be sent to Primary Supervisor unless indicated below under 'Billing Information')</i> | |
| Primary Supervisor name: | |
| Primary Supervisor email: | |
| Secondary Supervisor name (if applicable): | |
| My supervisor is aware that I will be utilising facilities at Adelaide Microscopy and has agreed to cover associated costs: | |
| Billing Information <i>(If different to Primary Supervisor listed above)</i> | |
| Name: | |
| Email: | |

| | |
|-------------|--|
| Date | |
|-------------|--|

Please email completed form to: microscopy@adelaide.edu.au