

CNS User Registration Form – non-Harvard users

The information provided in this form is for the Federal Government to monitor its programs in order to identify and address any potential discrimination based on gender, race, ethnicity, or disability. CNS treat this information highly confidential and restrict its use to NSF reporting purposes only.

User Information

PLEASE PRINT CLEARLY

Last Name:	First Name:	Dept:
Graduate Student	Undergraduate Student	Postdoctoral Fellow
Professor	Visiting Scholar	Research Associate
Other: _____		
Institution:		
Department:		
Address:		
City:	State:	ZIP:
E-mail:		Phone:
Race: (optional, you may select more than one box)		
White	Black or African American	Native American or Alaska Native
Asian	Native Hawaiian or Pacific Islander	Other: _____
Ethnicity: (optional)		
	Hispanic or Latino	Non Hispanic
Gender:	Male Female	Disabled: (optional) Yes No
Citizenship Status:	US Citizen	US Permanent Resident Visa

Principal Investigator (PI) Information

PLEASE PRINT CLEARLY

Last Name:	First Name:	Title:
Institution:		
Department:		
Address:		
City:	State:	ZIP:
E-mail:	Phone:	

Registration Form Cont.

Institution Type (please select only one):				
University	4-year college	2-year college	K-12	
Small Company (< 300 employee)		Large Corporation (> 300 employee)		
State or Federal Government		International Institute or Corporation		
Type of Application (please select only one):				
Research	Education	SEI Activity	E&HS Activity	Educational Outreach
Technical Field (please select only one):				
Electronics	Optics and Photonics	Materials		
Physics	Chemistry	Mechanics		
MEMS	Life Science	Medicine		
Geology and Earth Science		Process Technology		
Other: _____				
Technical Category (please select only one):				
Processing & Fabrication		Imaging & Characterization		
Funding Source (of the project, not the user unless same):				
NSF	DOD	DOE	NIH	Other Federal: _____
SRC	State	University	Private	International
Use Type:				
On Site Use Only		Remote Use Only	Both	

Send Completed User Registration Form, Billing Information Form, and Memorandum of Understanding (MOU) to: info@cns.fas.harvard.edu

OR deliver/mail to:
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(CNS) Harvard University
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Cambridge, MA 02138

OR Fax: 617-384-7302
Attn: Jim Reynolds