

CNS/NNIN User Registration Form – Harvard users

The information requested 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. NNIN and CNS treat this information as highly confidential and restricts its use to NNIN and NSF reporting purposes only.

User Information

Last Name:	First Name:	Department:
<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Postdoctoral Fellow
<input type="checkbox"/> Professor	<input type="checkbox"/> NNIN Facility Staff	<input type="checkbox"/> Other _____
Phone: Please include area code	Fax:	
e-mail:		
<small>(this field is optional, leave blank if you choose not to answer)</small>		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (you may select more than one box) If you select Other, please explain _____		
Ethnicity: (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Disabled: (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Visa		

Principal Investigator (PI) Information

Name:	Department:
-------	-------------

Billing Information: Please provide below the Harvard Billing Code to be used to cover user fees incurred in your use of CNS facilities:

(please overwrite with your account number)

Authorizing Signature (Group or Departmental administrator, PI or Purchasing Officer)

Authorizer:	Title:
Signature:	Date:
Phone:	e-mail:
Fax:	

Registration Form Cont.

Type of Application (please select only one): <input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> SEI Activity <input type="checkbox"/> E&HS Activity <input type="checkbox"/> Educational Outreach
Technical Field (please select only one): <input type="checkbox"/> Electronics <input type="checkbox"/> Optics and Photonics <input type="checkbox"/> Materials <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry <input type="checkbox"/> Mechanics <input type="checkbox"/> MEMS <input type="checkbox"/> Life Science <input type="checkbox"/> Medicine <input type="checkbox"/> Geology and Earth Science <input type="checkbox"/> Process Technology <input type="checkbox"/> Other _____
Technical Category (please select only one): <input type="checkbox"/> Processing & Fabrication <input type="checkbox"/> Imaging & Characterization <input type="checkbox"/> Computing & Simulation
Funding Source (of the project, not the user unless same) Please select only one: <input type="checkbox"/> NSF <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> NIH <input type="checkbox"/> Other Federal _____ <input type="checkbox"/> SRC <input type="checkbox"/> State <input type="checkbox"/> University <input type="checkbox"/> Private <input type="checkbox"/> International
Use Type: <input type="checkbox"/> On Site Use Only <input type="checkbox"/> Remote Use Only <input type="checkbox"/> Both

General Terms and Conditions of CNS facility usage for Harvard students, faculty, faculty sponsored visitors, and other Harvard personnel (“USER”):

Please read and fully understand the enclosed General Terms and Conditions and then sign where appropriate:

1. USER must be an CNS/NNIN User in order to use CNS facilities.
2. USER certifies that he/she will follow all applicable Harvard University policies regarding conduct and research while using CNS facilities.
3. USER certifies to follow all CNS policies regarding use of the facilities. Please consult with CNS website: www.cns.fas.harvard.edu for general rules and policies. Please consult with the appropriate CNS Staff for facility specific rules and policies.
4. USER certifies that, where appropriate, acknowledgement will be given to the Harvard Center for Nanoscale Systems and The NSF’s National Nanotechnology Infrastructure Network (NNIN) in any of its sponsored publications or presentations that result from work performed with CNS facilities or staff.
5. USER acknowledges that any work done, or services provided, by CNS and its employees are on a reasonable effort basis. USER accepts ultimate responsibility for the progress and results of their project.

6. USER will operate all instruments in a safe and professional manner, consistent with the operating instructions.

7. USER represents that his/her knowledge of microfabrication, cleanroom equipment, and/or imaging equipment is adequate to permit the safe pursuit of the research work in conjunction with the USER'S specific project. USER acknowledges that CNS has the right to immediately prohibit further use of facilities, if CNS, in its sole discretion, believes that the USER has breached this representation.

8. USER certifies that he/she will under no circumstances schedule time in his or her name for another user (whether other user is qualified or not), give out his or her Scheduling Tool User Name or Password for use by others, or give other users access to his or her HUID or generic facilities access card for any card reader access controlled facilities. CNS reserves the right to deny future access to USER in the event of willful breach of this policy.

9. USER acknowledges CNS' right to amend, abridge, alter, delete, add, or change any Terms and Conditions as deemed necessary by CNS with or without any written notification.

10. USER Certifies that he/she has filled out the Application Form, Proposal, and Registration form truthfully to the best of his/her knowledge. USER also has read and fully understands the General Terms and Conditions:

USER: _____ Title: _____

Signature: _____ Date: _____

Principal Investigator: _____ Title: _____

Signature: _____ Date: _____

Center for Nanoscale Systems (CNS) – Harvard University

Officer: _____ Title: _____

Signature: _____ Date: _____

Please return completed enrollment packet by one of the following means: In person to the CNS Administrative Office in LISE 306, Fax to 617-384-7302, Interoffice Mail to LISE 306, ATTN: Jim Reynolds, or by US Mail to: Jim Reynolds, Center for Nanoscale Systems, Harvard University, 11 Oxford St., LISE 306, Cambridge, MA 02138