

User Registration Form of Mass Spectrometry Facility

*Department of Chemistry and Biochemistry
University of Maryland, College Park, 20742*

User Name (Please print)	Registration Date	Department
Telephone#	Email	Advisor Name
Job Title ____Professor ____Postdoc/Research Associate ____Graduate Student ____Undergraduate Student ____Other		
Instruments that You plan to use ____Shimadzu MALDI ____JEOL AccuTOF (ESI)		
Instruments, on which You already got Training ____Shimadzu MALDI ____JEOL AccuTOF (ESI)		
How much Experience do You have on the following Instruments? Shimadzu MALDI ____0 hour ____1 to 5 hours ____5 to 40 hours ____> 40 hours JEOL AccuTOF (ESI) ____0 hour ____1 to 5 hours ____5 to 40 hours ____> 40 hours		

Below is for ADVISORS only:

Which Class of User that You would like to assign the User as ____Beginner ____Advanced
Advisor's Name _____ Advisor's Signature _____ Date _____.

If you have any questions or comments, please contact:

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Thank you very much!