

User Information

P.I.:	UMD Users	
Phone:	Non-UMD Academic Users Maryland Industrial Users, <500 employees	
Fax:	Maryland Industrial Users, >500 employees	
Email:	Non Maryland Industrial Users	
Company/Affiliation:		
Address:		
Users (Only listed users can access the facility):		

Payment Options:

Purchase Orde	er
FRS (UM syste	em)
Credit Card	Credit Card type
	Name of Card Holder
	Card Number
	Expiration Date

Description of NMR usage

Project objectives:
Samples (concentration, buffer pH and salt concentration, temperature requirement):
Experiments:

P.I. Signature: _____ Date: ____

Please fax or mail the completed form to Dr. Daoning Zhang for opening an NMR account.