

## 4D LABS User Information and Billing Form

user information <span style="float: right;">(Complete a separate form for each user)</span>			
title	given name	surname	middle initial
company/institution name		department	
work address			
city	province	postal code	
work phone	home phone	email	
user type: <input type="checkbox"/> academic position: _____ <input type="checkbox"/> industrial position: _____		insurance <input type="checkbox"/> workers compensation, WCB <input type="checkbox"/> health <input type="checkbox"/> liability <input type="checkbox"/> other _____	
project title			
how did you hear about 4D LABS: <input type="checkbox"/> internet search <input type="checkbox"/> outreach event <input type="checkbox"/> word of mouth <input type="checkbox"/> other _____			
SFU safety training (for SFU users only)		(Not necessary for contract work)	
type: <input type="checkbox"/> general laboratory <input type="checkbox"/> chemical <input type="checkbox"/> fire		<input type="checkbox"/> spill response <input type="checkbox"/> x-ray <input type="checkbox"/> laser <input type="checkbox"/> other _____	
emergency contact information		(Not necessary for contract work)	
given name	surname	relationship	
telephone		alt phone	
billing/supervisor information <span style="float: right;">(Billing information for charges accumulated by the user. Separate forms are required for each billable account.)</span>			
billing authority name and title			
billing address			
city	province/state	postal code	
telephone	fax	email	
name of funding source (e.g., NSERC Discovery, Industrial contract, etc.)		account number (for SFU users)	
supervisor name and title (if different from signing authority)			
I give permission for all 4D LABS Facility charges to be billed to the above account. (Note: Accrued charges will be billed on a monthly basis.) I also agree to acknowledge 4D LABS in all publications, presentations and press releases for all results arising from the use of the shared facilities within 4D LABS.			
signing authority signature _____		date _____	
affirmation			
I affirm that the information provided above is accurate and complete. I understand that approval to access the user facilities within 4D LABS is contingent upon the successful completion of all required training and the submission of all required forms to 4D LABS.			
user signature _____		date _____	