

LHCb Registration form



NAME				
	Surname	First Name(s)	(as on passport)	
Nationality				
Gender : M/F	Date of birth	Day Month	Year	
Address of your institute or university	Name			
	Address			
	Tel. Fax.			
Your email address at your institute		@		
Do you have a second affiliation? • Yes • No				
If yes, for which inst	itute?			
PROFESSION O Senior Physicist O PhD Engineer O Postdoc Physicist O Technician or equivalent O Summer student O Physics masters/ Undergraduate student O Other O Postdoc Physicist O Engineer (without PhD) O Engineering Student O Other				
Start dat	e:	End date:		
CERN Id — Office number — Phone Ext. — Mobile — —				
LHCb Domain of activity?	O Physics O Technical	O Computing O Detector g O Upgrade O Other	roups	
Do you presently work at CERN for another experiment? • Yes • No If yes, which one?				
LHCb is your primary experiment O secondary experiment O				
DO YOU AGREE FOR YOUR CERN PHOTO TO APPEAR IN THE LHCb DATABASE? OYES ONO				

THIS SECTION ONLY APPLIES FOR EXTERNAL MEMBER

Please join a readable photocopy of your passport or your ID card. The registration is to be approved by the Team Leader of the institute concerned. If the Team Leader states that you do not participate any longer in the activities of the experiment, the registration will be closed without notice. This registration does not authorise you to come physically at CERN, and no CERN card – necessary to access the site - will be delivered to you. If you come to CERN, you are obliged to register at the Users' Office, office 61-R-020 (http://ph-dep-usersoffice.web.cern.ch/ph-dep-UsersOffice/Welcome.html).

Team Leader (or your deputy)		
Name		
By signing below the Team Leader confirms that the person concerned is employed by, or in case of a student, is enrolled to the col-		
laborating institute above mentioned.		
Data	S:t	
Date	Signature	