



Cyclotron Institute  
Texas A&M University  
120 Spence Street  
College Station, TX 77843  
Phone: 979-845-1415  
Fax: 979-8451899

## Beam Time Request Form

In order to be scheduled, you must either submit this completed form OR provide the information below by email to Henry Clark ([clark@comp.tamu.edu](mailto:clark@comp.tamu.edu))

Please indicate the number of 8 hour shifts you need, your preferred start date and the beams you intend to use. Since we cannot always schedule your preferred start date, please also indicate the dates that you cannot be scheduled for. Please refer to our website <http://cyclotron.tamu.edu/ref> for our current list of beams and the dates open for scheduling.

**Experiment 1:** Time Required (No. of 8 hour shifts): \_\_\_\_\_ Continuous or Interleaved? \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Dates you cannot run: \_\_\_\_\_

Particles and energies required: \_\_\_\_\_

**Experiment 2:** Time Required (No. of 8 hour shifts): \_\_\_\_\_ Continuous or Interleaved? \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Dates you cannot run: \_\_\_\_\_

Particles and energies required: \_\_\_\_\_

**HOURLY RATE:** Contact Henry Clark, 979-845-1415 or [clark@comp.tamu.edu](mailto:clark@comp.tamu.edu)

**MINIMUM BILLING:** 8 hours per visit.

**CANCELLATION POLICY:** If you are scheduled cyclotron beam time and need to cancel at a later date, you must notify Henry Clark, fourteen (14) days prior to the start date to avoid the cancellation fee. The cancellation fee is in the amount of one half of the scheduled beam time.

**AGREEMENT:** In order to be scheduled for beam time, the information below must be provided with your request. Once a schedule date is agreed to, you agree to the terms of the cancellation policy.

Company Name: \_\_\_\_\_ P.O. No. \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_