



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)

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

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: _____