**Registration Form**

Flow Cytometry Facilities - part of the Network Biology Collaborative Center (Lunenfeld Tanenbaum Research Institute)

**Date** Click or tap to enter a date.

**Client Information**

**Name:** Click or tap here to enter text. **Title** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Institution**

**Internal**: Lab name and room number Click or tap here to enter text.

**External:** Lab name and full address Click or tap here to enter text.

**Client Agreement**

I acknowledge that I have read and will comply with all policies stated on the LTRI Flow Cytometry web site including all safety related policies governing work at the LTRI

**Signature** Click or tap here to enter text.

**Supervisor/Grant holder**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Institution:** Click or tap here to enter text.

**Internal cost center (LTRI):** Click or tap here to enter text.

**External clients to provide full address and billing information**

Click or tap here to enter text.

**Billing Contact:** Click or tap here to enter text.

**Biling Address:** Click or tap here to enter text.

I acknowledge that I have read and accept the fee structure and agree to cover expenses incurred by the above-mentioned client.

**Signature of supervisor/grant holder:** Click or tap here to enter text.

Please complete this form and return a signed copy to :

Michael Parsons

Manager Flow Cytometry Facilities/Network Biology Collaborative Centre

Mount Sinai Hospital rm. 980 (LTRI), 600 University Ave. Toronto ON

<parsons@lunenfeld.ca>416-<272-3999>