

# PLEASE PRINT

## APS USER AGREEMENT QUESTIONNAIRE

Individuals who are not Argonne employees **are not permitted to do hands-on work** at any Argonne User Facilities until a User Agreement (UA) with that individual's home institution is established. Please fill in the requested information so the Argonne UA Specialist can furnish the appropriate User Agreement(s) to your institution for signature.

### Address any questions to:

Anne Owens  
User Agreement Specialist  
Argonne National Laboratory, Bldg. 401  
9700 South Cass Ave. Argonne, IL 60439  
Phone: (630) 252-7833 Fax: (630) 252-3222  
E-mail: userforms@aps.anl.gov

*\* indicates required field*

### Institution Information:

1. Institution Name, as you wish it to appear in the Agreement(s)\*

2. Which category best describes your institution?\*

_____ University/College-private in U.S. or Foreign	_____ Industry
_____ University/College – State/County	_____ DOE Lab
_____ U.S. Gov't Institution	_____ Other Research Institute

3. If the institution is a DOE lab, what is the DOE Contract Number? \_\_\_\_\_

4. When will personnel from the above-named institution begin working at Argonne?\* (If not yet determined, enter "not known") \_\_\_\_\_

5. Which Argonne user facility will be hosting you? \*

_____ Advanced Leadership Computing Facility (ALCF)
_____ Advanced Photon Source (APS)
_____ Argonne Tandem Linear Accelerator System (ATLAS)
_____ Center for Nanoscale Materials (CNM)
_____ Electron Microscopy Center (EMC)

6. To whom should the User Agreement(s) be sent for authorized legal signature (such as Legal Department, Sponsored Research Office, etc.)?

Name\* \_\_\_\_\_

Position Title\* \_\_\_\_\_

Address1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_ State \_\_\_\_\_ Zip Code\* \_\_\_\_\_ Country\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax\* \_\_\_\_\_ E-mail address\* \_\_\_\_\_

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**Contact information for person completing this questionnaire (if different from above):**

7. Name\* \_\_\_\_\_

Address1\* \_\_\_\_\_

Phone\* \_\_\_\_\_ E-mail address\* \_\_\_\_\_

8. What type(s) of experiments will be done at Argonne by employees/students of the above-named institution?

Nonproprietary \_\_\_\_\_ Proprietary \_\_\_\_\_ Both Nonproprietary and Proprietary \_\_\_\_\_