

## APS User Agreement Questionnaire

Please fill in the requested information so that the Advanced Photon Source can furnish the appropriate User Agreement(s) to your institution for signature. Return the completed questionnaire to the address at the bottom. Thank you!

1. Name of the institution, as you wish it to appear in the Agreement(s):  
\_\_\_\_\_
2. If the institution is a DOE lab, what is the DOE Contract Number? \_\_\_\_\_
3. If the institution is a U.S. university, which category applies? (*Check one.*)  
Private \_\_\_\_\_ or part of State University system \_\_\_\_\_
4. If the institution is a financially contributing member of a CAT, which CAT? \_\_\_\_\_
5. Which CAT will be the initial host for personnel from the above-named institution? \_\_\_\_\_
6. When will personnel from the above-named institution begin working at the APS? \_\_\_\_\_
7. Will anyone from a Howard Hughes Medical Institute laboratory work at the APS under this Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_
8. To whom should the User Agreement(s) be sent? Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
9. Contact information for the person who is filling out this questionnaire (*if different from above*):  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
10. Will employees/students of the above-named institution participate in beamline design, installation, and/or commissioning activities at the APS? Yes \_\_\_\_\_ No \_\_\_\_\_ (*If "no," skip to question #12.*)
11. Will the above-named institution spend U.S. Government funds, provided through a contract, grant, or other agreement that includes patent/data terms and conditions, to support the activities listed in question #10?  
Yes, this will be true for all such activities and all participants \_\_\_\_\_  
Yes, this will be true for some but not all activities/participants \_\_\_\_\_  
No \_\_\_\_\_
12. What type(s) of experiments will be done at the APS by employees/students of the above-named institution? (*Check one or both.*) Nonproprietary \_\_\_\_\_ Proprietary \_\_\_\_\_  
  
If you checked "nonproprietary," also answer question #13. If you checked "proprietary," also answer questions #14 and 15.

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13. Will the above-named institution spend U.S. Government funds, provided through a contract, grant, or other agreement that includes patent/data terms and conditions, to support the performance of nonproprietary experiments at the APS?  
Yes, this will be true for all nonproprietary experiments and all participants \_\_\_\_\_  
Yes, this will be true for some but not all experiments/participants \_\_\_\_\_  
No \_\_\_\_\_
14. Will Argonne personnel be used in the design or operation of these proprietary experiments?  
Yes \_\_\_\_\_ No \_\_\_\_\_
15. Does the institution have a corporate presence with manufacturing capability in the U.S.?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please return the completed questionnaire to:

Ms. Anne Owens

Argonne National Laboratory

Advanced Photon Source -- Bldg. 401

9700 South Cass Ave.

Argonne, IL 60439

Phone: (630) 252-7833 Fax: (630) 252-7187