

USER AGREEMENT QUESTIONNAIRE

PLEASE PRINT CLEARLY

Please complete this questionnaire to initiate the creation of a Master User Agreement.

ADDRESS QUESTIONS TO: Jacki Flood at 630-252-7566 or agreements@aps.anl.gov .

INSTITUTION INFORMATION:

1. Institution Name [as it should appear on User Agreement(s)]:*

2. Which category best describes your institution?:*

- University/College – private (US or Foreign)
- University/College – State/County
- U.S. Government Institution
- Industry
- DOE Lab
- Other Research Institute

3. If the institution is a DOE lab, what is the DOE contract number?:

4. When will personnel from the aforementioned institution begin working at Argonne?:* (if the date is unknown you may write “unknown”):

5. Which facility(s) will experiments be conducted at?:*

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

6. To whom should the Master User Agreement(s) be sent to for authorized legal signature (Master User Agreements are typically signed by an Officer of Sponsored Programs, a Research or Grants and Contracts Administrator, VP of Research, or Provost or University President—an individual with the authority to sign on behalf of the institution).*

Name:

Position Title:

Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Phone:

Fax:

E-mail Address:

7. What type(s) of experiments will be done at Argonne by employees/students of the
aforementioned institutions?*

- Non-Proprietary
- Proprietary
- Both Non-Proprietary & Proprietary

Contact Information for person completing questionnaire (if different than above): *

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Phone:

Fax:

E-mail Address:

**indicates required field*