

*By signing this form, the user and principal investigator agrees to abide by UH Nanofabrication Facility policies.*

## User Information

First Name	
Last Name	
Email	
Phone	
Signature _____	Date _____

## Principal Investigator Information

First Name	
Last Name	
Email	
Phone	
Institution/Company	
Department	
Signature _____	Date _____

## Billing Information

First Name	
Last Name	
Address	
City, State, Zip	

Send the completed New User Form to [lvchang@central.uh.edu](mailto:lvchang@central.uh.edu).