



# Confocal Microscopy Core Facility

Brigham and Women's Hospital



## Registration Form

After completing the form, please email to [jli@rics.bwh.harvard.edu](mailto:jli@rics.bwh.harvard.edu).

### CONTACT DETAILS

**Full Name: \***

**Email: \***

**Principal Investigator Full Name: \***

**Institution: \***

**Division (if within BWH):**

### BILLING INFORMATION

**Name of Financial Administrator: \***

**Email of Financial Administrator: \***

**Financial Administrator Phone Number: \***

**6-Digit Peoplesoft Grant # (For BWH users only):**

### MICROSCOPY

**What techniques are you interested in? \***

**What type of cells/tissues/organisms will you be imaging? \***

**Do you have experience using microscopes? \***

(Please give details on your previous experience - this will help us tailor our training to your level of expertise)