

User-incurred fees.

Induction.

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## **NMR Facility User Registration Form**

|                          |            | Date: |
|--------------------------|------------|-------|
| 1. To be filled in by NI | MR User:   |       |
| Name:                    | Email:     |       |
| zID:                     | Signature: |       |
| Name:                    | Email:     |       |
| 2. To be filled in by Su |            |       |
| Supervisor Signature:    |            |       |
|                          |            |       |
| 3. UNSW Account Det      | ails:      |       |

Please Email this form (filled and signed) to: nmr@unsw.edu.au prior to attending the NMR OHS Lab