

CNS/NNIN User Registration Form – non-Harvard users

The information provided in this form is for the Federal Government to monitor its programs in order to identify and address any potential discrimination based on gender, race, ethnicity, or disability. NNIN and CNS treat this information highly confidential and restrict its use to NNIN and NSF reporting purposes only.

User Information

PLEASE PRINT CLEARLY

Last Name:	First Name:	Title:
<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Undergraduate Student	<input type="checkbox"/> Postdoctoral Fellow
<input type="checkbox"/> Professor	<input type="checkbox"/> Other _____	
Institution:		
Department:		
Address:		
City:	State:	ZIP:
Phone: Please include area code	Fax:	
e-mail:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other		
(This field is optional, if you wish not to answer, just leave blank)		
Ethnicity: (optional) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Disabled: (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Visa		

Principal Investigator (PI) Information

PLEASE PRINT CLEARLY

Last Name:	First Name:	Title:
Institution:		
Department:		
Address:		
City:	State:	ZIP:
Phone: Please include area code	Fax:	
e-mail:		

Registration Form Cont.

Institution Type (Please select only one):				
<input type="checkbox"/> University	<input type="checkbox"/> 4-year college	<input type="checkbox"/> 2-year college	<input type="checkbox"/> K-12	
<input type="checkbox"/> Small Company (< 300 employee)	<input type="checkbox"/> Large Corporation (> 300 employee)			
<input type="checkbox"/> State or Federal Government	<input type="checkbox"/> International Institute or Corporation			
Select the one NNIN Site where the majority of your work will be done (this will be considered your primary NNIN Site for reporting purposes)				
<input type="checkbox"/> Cornell	<input type="checkbox"/> Georgia Tech	<input type="checkbox"/> Harvard	<input type="checkbox"/> Howard	<input type="checkbox"/> Michigan
<input type="checkbox"/> Minnesota	<input type="checkbox"/> NCSU	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Penn State	<input type="checkbox"/> Stanford
<input type="checkbox"/> Texas	<input type="checkbox"/> UCSB	<input type="checkbox"/> University of Washington		
Type of Application (Please select only one):				
<input type="checkbox"/> Research	<input type="checkbox"/> Education	<input type="checkbox"/> SEI Activity	<input type="checkbox"/> E&HS Activity	<input type="checkbox"/> Educational Outreach
Technical Field (Please select only one):				
<input type="checkbox"/> Electronics	<input type="checkbox"/> Optics and Photonics	<input type="checkbox"/> Materials		
<input type="checkbox"/> Physics	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Mechanics		
<input type="checkbox"/> MEMS	<input type="checkbox"/> Life Science	<input type="checkbox"/> Medicine		
<input type="checkbox"/> Geology and Earth Science	<input type="checkbox"/> Process Technology			
<input type="checkbox"/> Other _____				
Technical Category (Please select only one):				
<input type="checkbox"/> Processing & Fabrication	<input type="checkbox"/> Imaging & Characterization	<input type="checkbox"/> Computing & Simulation		
Funding Source (of the project, not the user unless the same). Please select only one:				
<input type="checkbox"/> NSF	<input type="checkbox"/> DOD	<input type="checkbox"/> DOE	<input type="checkbox"/> NIH	<input type="checkbox"/> Other Federal _____
<input type="checkbox"/> SRC	<input type="checkbox"/> State	<input type="checkbox"/> University	<input type="checkbox"/> Private	<input type="checkbox"/> International
Use Type:				
<input type="checkbox"/> On Site Use Only	<input type="checkbox"/> Remote Use Only	<input type="checkbox"/> Both		

Send Completed User Registration Form, Billing Information Form, and Memorandum of Understanding (MOU) to:

Center for Nanoscale Systems (CNS)
Harvard University
ATTN: Jim Reynolds
11 Oxford Street, LISE 306
Cambridge, MA 02138

Or fax to: 617-384-7302
Attn: Jim Reynolds