



Analytics Core facility Essen

User Registration Form

Analytics Core Facility Essen (ACE)

at the Centre for Medical Biotechnology (ZMB) of the University of Duisburg-Essen

User contact

Full Name: _____
Last *First* *Title*

Affiliation: _____
Institute

_____ *Department*

Address: _____
Street Name *Room #*

_____ *City* *Country* *ZIP Code*

_____ *Email* *Phone*

I hereby declare that I have read and understood the ACE Terms of Use and that I will comply with the rules and provisions therein. I acknowledge that non-compliance with the ACE Terms of Use will result in loss of my ACE user status and its privileges.

Place: _____ Date: _____

Signature of User: _____

Approval of responsible PI

Full Name: _____
Last *First* *Title*

Affiliation: _____
Institute

_____ *Department*

Address: _____
Street Name *Room #*

_____ *City* *Country* *ZIP Code*

_____ *Email* *Phone*

I hereby declare that I have read and understood the ACE Terms of Use. In addition, I acknowledge the ACE fee system. I will pay for accruing ACE service fees.

Place: _____ Date: _____

Signature of PI: _____