



	Registration number:
REQUEST OF BOOKING SERVICE	
CONFOCAL MICROSCOPY UNIT	
	Date:
DATA OF THE USER	
Name:	
Category (1): Institution:	CIE(2).
Department:	C.I.F (2):
Address (3):	Zip Code:
City:	Zip code.
Telephone:	E-mail:
PERSON WHO AUTORIZES THE EXPENSE	
N.	
Name:	
Department Director/Service Head/Main Researcher (4):	
Project Data (5) Project title/contract: Reference of the Project/contract/Department/Group/Other (4): Address (Hospital, Faculty, CSIC, Company, etc):	
Address:	
Telephone: Fax:	E-mail:
Service with charge to (6):	
Department: □ Project: □	Others:
Brief description of the service requested:	
Authorised the charge of:	Euros (IVA included)
Signature of the authorised user:	
Signed:	
Signature of the Department Director/Head of the Service/Main Researcher/Responsible (3):	
Signed:	Barcelona, 20





FORM REQUIREMENTS:

All the required data has to be filled in using capital letters where appropriate.

The general data will be entered into the computer database; once the user has registered it will not be necessary to enter the details again.

All the required information must be entered and the form signed in order to use this service.

- (1): You are entitled to an account (including an administrative code):
 - If you are **PhD. Students of the CID, CSIC-ICCC**, authorisation must be given by the Department Director or the Main Researcher of the Project/Contract.
 - If you are **Investigators linked to RECAVA of the FIS**, you will need the authorisation of the Head of the corresponding Research Group.
 - Other academic organisations or companies, will need the authorization of the Department Head of corresponding Service or of the main Investigator.
- (2): This field must be entered.
- (3): The complete address must be entered.
- (4): Delete as appropriate.
- (5): The title and the complete reference of the Project/Contract must be indicated.
- (6): Only mark one of the boxes, taking into accounts the following:
 - If the corresponding box is marked "**Department**", the fee will deducted from the grant you have been issued in the following semester.
 - If the corresponding box is marked "**Research Project**", the fee will be taken away from "other expenses" of the mentioned Project/Contract.
 - If the corresponding box is marked "Others", the following will apply:

 The amount of the Service will be deposited in the account number that was communicated at the time of the reservation and the receipt must be attached to the document. The corresponding bill will then forwarded to you.