

# Flow Cytometry Facility

## Grant Holder's Information

Date: \_\_\_\_\_

Researcher/Supervisor  
Name \_\_\_\_\_

Researcher/Supervisor  
Signature: \_\_\_\_\_  
*Account No. :*  
*& Dept. of Affiliation* \_\_\_\_\_

Room No.: \_\_\_\_\_

Phone No./Extension \_\_\_\_\_

E-mail: \_\_\_\_\_

## User Information

User Name: \_\_\_\_\_

Room No.: \_\_\_\_\_

Phone No./Extension \_\_\_\_\_

E-mail: **\*REQUIRED\*** \_\_\_\_\_

I would like an ID for  
the online calendar      Yes \_\_\_\_\_      No \_\_\_\_\_

*Please fill out and return this form to Jean Ogiltree, HSC-3N26/FAX: 905 577-8368-  
Please notify of any additions/deletions to this information in the future.*

*Thank You!*