



X-ray Scattering
USER REGISTRATION FORM
Multi-user Equipment



Attention! This user register form is restricted to **professors** and **researchers** from educational and research institutions. Undergraduate, postgraduate and postdoctoral students must be directly enrolled in the "Measurement Proposal". Any questions should be directed to scatter@if.usp.br.

EDUCATIONAL AND RESEARCH INSTITUTION

Institution:

Institute/Department:

Address:

City: Posta / ZIP code:

State / Province: Country:

PRINCIPAL RESEARCHER

Name:

Passport Number, if applicable:

E-mail:

Phone Number: FAX:

Academic Position:

Research field and research interests (max 400 characters):

Fill in and send this form to scatter@if.usp.br.
After verifying the information, our staff will send you a **user number**. This number will be used to identify the principal professor or researcher on all future "Measurement Proposal".
You must do this User Registration only once.