



## LOGISTICAL SUPPORT REQUEST FORM (Thebacha Campus)

Please notice the Journey Management Plan at the end of this form. All portions of this form must be filled out in order for Aurora Research Institute (ARI) to provide support. For a list of available equipment and fee rates, see ARIs Fee Schedule on our website at <http://nwtresearch.com/logistics/fee-schedule>

### **Part 1: Applicant Contact Information**

Name	Affiliation	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### **Part 2: Research Licence**

Users of ARI facilities and support services require a valid licence from a research licencing organization. Please provide your scientific research licence number or permit information from another licencing organization. If you do not have a licence, please contact the Manager, Scientific Services at [licence@nwtresearch.com](mailto:licence@nwtresearch.com) prior to submitting a support request.

Licence #	Issued by
<input type="text"/>	<input type="text"/>

### **Part 3: Research Group**

Name	Male/Female	E-mail Address	Student/Post Doc, Canadian, Non Can User
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Part 4: Type of Support**

##### **Accommodations**

	First Name	Check-in Date	Total # of Nights	Check-out Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

##### **Office Space**

	Requested Space/Room #	Special Requirements	Date(s)
1.			
2.			
3.			
4.			

#### **Part 5: Billing Information**

A summary of all support provided by ARI is prepared and sent to our Finance Department. An invoice will be sent to the e-mail address you provide. Please be sure to fill out all the billing details below. If your bill will be broken down or separate from other members, please provide instructions.

Principal Researcher

University/Affiliation

E-mail Address

Phone #

Fax #

Choose a method of payment below:

Wire Transfer (\$20 fee applies)

☐

Credit Card

☐

Cheque

☐

Will your transaction be GST Exempt?

If yes, please provide GST Exemption #

No

☐

Yes

☐

University/Affiliation Address (for information purposes):

Other comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date