



LOGISTICAL SUPPORT REQUEST FORM (Yellowknife 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

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 prior to submitting a support request.

Licence #	Issued by

Part 3: Research Group

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

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.				

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
<input type="text"/>	<input type="text"/>

E-mail Address
<input type="text"/>

Phone #	Fax #
<input type="text"/>	<input type="text"/>

Choose a method of payment below:

Wire Transfer (\$20 fee applies) <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Cheque <input type="checkbox"/>
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Will your transaction be GST Exempt?	If yes, please provide GST Exemption #
No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

University/Affiliation Address (for information purposes):

Other comments:

Signature

Date