**SER-CAT Remote User Information Form**

**Institution:**

**Principal Investigator:**

**Experiment Contact Person:**

**Contact Phone Number(s):**

**Institution Lab Phone number:**

**Email:**

**Number of Pucks you are sending:**

**Starting Wavelength/Energy:**

**Please list the order in which you would like your pucks loaded:**

**If you have more than one group collecting data, please fill out the table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **User/Group Name** | **Start Time**  **(Central Time)** | **End Time**  **(Central Time)** | **Contact Phone #** |
|  |  |  |  |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |

Any other information which could be useful for staff: