

# Beam Time Request Form

In order to be scheduled you must fill in and return this form by FAX (979-458-3213) or email to Henry Clark ([clark@comp.tamu.edu](mailto:clark@comp.tamu.edu))

**TO SCHEDULE CYCLOTRON TIME:** Please indicate in the appropriate spaces below the number of 8 hour shifts you need, your preferred start date and the beams you intend to use. Since we cannot always schedule your preferred start date, please also indicate the dates that you cannot be scheduled for. Please refer to our web site <http://cyclotron.tamu.edu/ref> for our current list of beams and the dates open for scheduling.

**Experiment 1:** Time required (number of 8 hour shifts) : \_\_\_\_\_

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

Dates you cannot run: \_\_\_\_\_

Particles and energies required: \_\_\_\_\_

**Experiment 2:** Time required (number of 8 hour shifts) : \_\_\_\_\_

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

Dates you cannot run: \_\_\_\_\_

Particles and energies required: \_\_\_\_\_

**HOURLY RATE:** Contact Henry Clark, 979-845-1411 or [clark@comp.tamu.edu](mailto:clark@comp.tamu.edu)

**MINIMUM BILLING:** There is an eight hour minimum billing, after that you are billed for time used including tuning time.

**CANCELLATION POLICY:** If you schedule cyclotron time and need to cancel at a later date, you must notify Henry Clark two weeks prior to the start date to avoid the cancellation fee. The fee is in the amount of one half of the scheduled time.

**AGREEMENT:** Please fill in the information below. If the form is not filled in completely, you will not be scheduled for time. By submitting this form you are agreeing to the terms of the cancellation policy.

Company Name: \_\_\_\_\_ P.O. No. \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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