Brookhaven National Laboratory Guest Registration Form

(Please complete the sections that apply to you. The fields with * are required.)

* First Name
  Middle Name
* Last Name
* Email Address
  Alias Name (First/Given)
  Alias Name (Middle)
  Alias Name (Last)
* Affiliation
* Telephone
* Home Telephone
Date of Birth (mm/dd/yyyy)
Sex
  Male  Female
Postal Code
Home Address Line 1
Home Address Line 2
City
State (USA only)
* Country
* Highest Degree
Purpose of Visit
  Pull down this menu to make selection
U.S. Social Security Number or National ID
* BNL Department Associated with
  Experiment/Facility
  Facility Code
* Type of Research
  Open research
* Type of Access Requested
  Remote Computer Access only
**Expected Start Date:**
(mm/dd/yyyy)

**Expected End Date:** (mm/dd/yyyy)

Number of days you estimate to be onsite over a two-year period

Pull down this menu to make selection

**Subject Code for the type of experiment the guest will be performing**

High energy physics or Nuclear Physics

Justification of visit/assignment; include specific activities,

involved, subjects to be discussed or statement of research in which you wish to be assigned

Conducting Thesis Research During Visit/Assignment

First Name of BNL Host for visit/assignment

Tom

**Last Name of BNL Host for visit/assignment**

Schlagel

Do you have health insurance coverage which is valid while you are at BNL?

Yes ☐ No ☐

Do you require housing?

Yes ☐ No ☐

### Affiliation Information

**Name of Current Affiliation**

Pull down this menu to make selection

**Type of Affiliation**

Pull down this menu to make selection

Name (If 'Other' is selected)

Division or Department

Affiliation Fax Number

Business Address

Line 1

Business Address

Line 2

City
**Postal Code**  
State/Province

* **Country**

* **Job Title**

* **Field of Work or Research**

### Emergency Contact

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<thead>
<tr>
<th>Field</th>
<th>Description</th>
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<tbody>
<tr>
<td>* <strong>Contact Name</strong></td>
<td>Pull down this menu to make selection</td>
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<tr>
<td>* <strong>Relationship</strong></td>
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Submit