

Request form for beam time/experiment at IEAP CTU VdG

User	
Name	
Affiliation/Institution	
Project/experiment short title/subject	
Phone (mobile)	
e-mail	
Local contact	

Request	
Date / start hour / # of days	
Additional/replacement date(s)	
Beam (source)/energy/intensity (flux)	
Beam guide	
Vacuum chamber (<i>if applicable</i>)	
Target (primary)	
Target (secondary) (<i>if applicable</i>)	
Measurement period/length (hours/day)	
Experiment short description	
Additional equipment	
Request record of installed radiation monitors	
Remarks, further requests	
Participants (host group): #, names	
Local support staff: #, names	

PC & connectivity	
Device remote operation, data transfer	
own PC's, laptops (yes/no, how many) [#]	

[#] If yes, send the PC/laptop MAC address(s) few days prior start of measurement

Text to include in publications/acknowledgments to MSMT RI funding grant
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