

# Researcher Booking Form 2018

## 1. Contact Information Project

Principal Investigator  
(PI) or Project Leader  
(PL) Name:

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Project Title:

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Contact Person for this  
Booking:

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Billing Name and  
Address:

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(\* this is where the  
invoice is to be sent to)

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Email:

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Phone:

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Fax:

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## 2. Group Member Details

Name	Gender *	Arrival Date	Time	Departure Date	Time	Air/ Train

\*Gender information used for rooming assignment information.



### 3. Other information

Vehicles requested from the CNSC:

List of laboratory space and equipment requested:

List any dietary restrictions or mobility issues.

Please list the permits Required and/or Obtained (this includes firearms and driver's permits):

**\*\*Please note that the CNSC requires that a firearms license (PAL) or temporary borrowing permit must be in hand prior to borrowing CNSC firearms.**

Please return this form to the CNSC Scientific Coordinator, Dr. LeeAnn Fishback  
[research@churchillscience.ca](mailto:research@churchillscience.ca).

