

# Brookhaven National Laboratory Guest Registration Form

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

* First Name	<input type="text"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text"/>
* Email Address	<input type="text"/>
Alias Name (First/Given)	<input type="text"/>
Alias Name (Middle)	<input type="text"/>
Alias Name (Last)	<input type="text"/>
* Affiliation	<input type="text"/>
Telephone	<input type="text"/>
* Home Telephone	<input type="text"/>
* Date of Birth (mm/dd/yyyy)	<input type="text"/>
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female
Postal Code	<input type="text"/>
* Home Address Line 1	<input type="text"/>
Home Address Line 2	<input type="text"/>
* City	<input type="text"/>
State (USA only)	<input type="text"/>
* Country	<input type="text"/>
* Highest Degree	<input type="text"/>
Purpose of Visit	<input type="text" value="Pull down this menu to make selection"/>
U.S. Social Security Number or National ID	<input type="text"/>
* BNL Department Associated with	<input type="text" value="Information Technology Division"/>
Experiment/Facility	<input type="text" value="NONE"/>
Facility Code	<input type="text" value="NONE"/>
* Type of Research	<input type="text" value="Open research"/>
* Type of Access Requested	<input type="text" value="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

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

Justification of visit/assignment; include specific activities, involvement, subjects to be discussed or statement of research in which you wish to be assigned

Conducting Thesis Research During Visit/Assignment  Yes  No

First Name of BNL Host for visit/assignment

\* Last Name of BNL Host for visit/assignment

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

\* Type of Affiliation

Name (If 'Other' is selected)

Division or Department

Affiliation Fax Number

\* Business Address Line 1

Business Address Line 2

\* City

* Postal Code	<input type="text"/>
State/Province	Pull down this menu to make selection ▼
* Country	Pull down this menu to make selection ▼
* Job Title	<input type="text"/>
* Field of Work or Research	Pull down this menu to make selection ▼

### Emergency Contact

* Contact Name	<input type="text"/>
Relationship	Pull down this menu to make selection ▼
* Phone	<input type="text"/>
* Address 1	<input type="text"/>
Address 2	<input type="text"/>
* City	<input type="text"/>
Postal Code	<input type="text"/>
State/Province	Pull down this menu to make selection ▼
* Country	Pull down this menu to make selection ▼