

- SNF LABMEMBERSHIP -

LABMEMBER INFORMATION	
Name (last, first, middle initial): _____	Date: _____
What do you want to do? <input type="checkbox"/> A. Create a new SNF Labmember account <input type="checkbox"/> B. Reactivate my account – Badger login: _____ <input type="checkbox"/> C. Add a new PTA to my Badger account <input type="checkbox"/> D. Replace a PTA on my Badger account – PTA to be replaced: _____ <input type="checkbox"/> E. Be added to a PTA already on Badger	
If Stanford/SLAC: SUnet ID _____ Stanford ID No. _____	If not Stanford, your contact info: Institution: _____ Address: _____ _____ Phone: _____ Email: _____ <input type="checkbox"/> I would like to obtain a visitor card for building access (\$25 non-refundable charge)

PI (PRINCIPAL INVESTIGATOR OR PROJECT MANAGER)	
If Stanford/SLAC: PI's Name _____ Dept _____ SUnet ID _____	If not Stanford, PI's contact info: PI's Name _____ Institution _____ Address _____ _____ Phone _____ Email _____
PI Signature: _____	

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FOR STANFORD/SLAC ACCOUNTS	
Stanford PTA Number _____ Start date (month/year) _____ End date (month/year) _____ <i>Start/end days are always the first of the month. If not specified, the default end date is one year from start.</i>	
Financial Administrator/PTA Award Manager: Name: _____ Department: _____ Phone: _____ Email: _____	
Authorizing Signature for Charges to this PTA: _____	
FOR NON-STANFORD/SLAC ACCOUNTS	
If an existing Stanford account, the PTA Number _____ Start date (month/year) _____ End date (month/year) _____ <i>Start/end days are always the first of the month. If not specified, the default end date is one year from start.</i>	
Purchase Order Number (attach copy and include SBIR documentation, if applicable): _____	
Institution/Company Financial Administrator: Name: _____ Address: _____ Phone: _____ Email: _____	
<p><i>Your signature below acknowledges responsibility for SNF charges. Actual charges incurred will supersede any indicated amount or start/end clauses on your purchase order. It is the responsibility of the institution/company to ensure correct billing and contact information is on file. Advance deposit may be required if more than 60 days in arrears to ensure continued lab access.</i></p>	
Institution/Company Financial Administrator/Authorizing Signature: _____	

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Instructions: Any questions, contact snf-access@stanford.edu

1. What do you want to do?
 - a. **Create a new Labmember account:** if you are new to SNF.
 - b. **Reactivate or Change account:** if you have a Badger account, but need to reactivate an expired account or have changed affiliation & email so need a new Badger account.
 - c. **Add a PTA:** to add an additional PTA to your account.
 - d. **Replace PTA:** change the PTA on your Badger account.
 - e. **Be added to a PTA:** if you are joining a group with a PTA already in Badger.

2. Submit forms by email (preferred), mail, or fax to:

Lab Services Administrator
Stanford Nanofabrication Facility, Mail Code 4070
Paul G. Allen Building, 420 Via Palou Mall
Stanford, CA 94305-4070
Fax: (650)725-6278
Email: snf-access@stanford.edu

3. Special instructions for Purchase Orders:

- a. If your PO must reference a value, the minimum should be one month's cap. Actual charges incurred will supersede any value indicated on your PO.
- b. The PO should include the "Accounts Payable" or "Finance" contact info. Stanford's Accounts Receivable Department will send invoices to this address.
- c. Submit payments with the Stanford Invoice Number and Customer Number written on the check to the address below. For reference, Stanford University's tax ID number is 94-1156365.

Stanford University
Department 33725
P.O. Box 39000
San Francisco, CA 94139

- d. If PO forms require "supplier" contact information:

The Stanford Nanofabrication Facility
Paul G. Allen Building, 420 Via Palou Mall
Stanford, CA. 94305
Attn: Lori Johnson, Room 130

Do NOT use this information for addressing checks or sending payment. SNF is not responsible for checks sent to this address.