



Project Registration Form

Hyperion

20_10_21

Return to: info.imc@dbmr.unibe.ch

Name:	Email address:
Institute/Department:	
Group leader:	
Billing code number for cost center:	
Billing address:	

Project Title:
Short description of the project:

Project starting date: dd-mm-yyyy

Preferred starting date of IMC acquisition: dd-mm-yyyy

Experience level of the user with IMC

- No experience
- Intermediate level
- Expert level

When to schedule a project meeting

- Not necessary
- ASAP
- Next month
- Other _____

Data analysis

- We have a person selected to perform the data analysis with previous experience.
- We would like information from the IMC Platform on possible data analysis options.

Agreement

- I accept the Hyperion Registration Form and agree to the price list.

Place _____, Date: dd-mm-yyyy _____

Signature User

Signature Group Leader

Signature of MB member
