

Applicant		Date (Month/Day/Year)			
Family Name:		First Name:	Middle name:		
Position:					
Signature					
Affiliation					
Address					
Tel.		Fax.	E-mail		
Title of the Experiment					
M e m b e r s	Name	Date of Birth Male /Female	Affiliation	Position	E-mail
Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this beamline is needed for your research)					
Name of proteins, Hazards, Safety measures			Requested Beamtime (number of shifts, date etc.)		
A Director of affiliated Institution permits the applicant to apply for the beamtime proposal					
Name:			Title:		
Signature			Date:		