

**RIC Facility Investigator Registration Form
(return to Nels Nielson in facility)**

Investigator Information

Investigator_____

Department_____

Office_____

Phone Number_____

Department Secretary_____

Door code_____

Account Numbers (for billing)

Primary_____

Others:

Type_____

Account #_____

Type_____

Account #_____

Type_____

Account #_____