

## **LHCb Registration form**



NAME			
	Surname	First Name(s)	(as on passport)
Nationality			
Gender : M/F	Date of birth	Day Month	 Year
Address of your institute or university	Name		
	Address		
	Tel. Fax.		
Your email address at your institute		@	
Do you have a second affili			
O Techr	r Physicist O PhD Engineer nician or equivalent O Summer student cs masters/ Undergraduate student	O Postdoc Physicist O PhD Student O Affiliate Theorist** (**CB/EB Chair approbation End date:	O Engineer (without PhD) O Engineering Student O Other on needed)
CERN Id -	Office number —	Phone Ext N	Mobile ————
LHCb Domain of activity?	O Physics O Technical	O Computing O Detecto O Upgrade O Other	r groups
Do you presently work at C  If yes, which one?	ERN for another experiment? O Yes O N	lo .	
LHCb is your primar	y experiment O secondary experiment O		
DO YOU AGREE FOR Y	OUR CERN PHOTO TO APPEAR IN T	THE LHCb DATABASE?	OYES ONO

## THIS SECTION ONLY APPLIES FOR EXTERNAL MEMBER

Please join a readable photocopy of your passport or your ID card. The registration is to be approved by the Team Leader of the institute concerned. If the Team Leader states that you do not participate any longer in the activities of the experiment, the registration will be closed without notice. This registration does not authorise you to come physically at CERN, and no CERN card – necessary to access the site - will be delivered to you. If you come to CERN, you are obliged to register at the Users' Office, office 61-R-020 (http://usersoffice.web.cern.ch/).

Team Leader (or your deputy)		
Name		
By signing below the Team Leader confirms that the person concerned is employed by, or in case of a student, is enrolled to the col-		
laborating institute above mentioned.		
Date	Signature	