

VISITORS AND EXTERNAL USERS OF BGI LABORATORIES



PERSONAL DATA OF LAB USER	
Name	
Institution	
Address	
E-mail address	
Project name	
Funding organisation	BGI <input type="checkbox"/> UBT <input type="checkbox"/> other <input type="checkbox"/>
DETAILS OF VISIT	
Dates of stay	Arrival: _____ Departure: _____
Purpose of Visit:	
Seminar <input type="checkbox"/> Yes	Title: _____
Date/Time	
BGI Contact Person	
Other Contact Pers.	
BGI LABORATORIES TO BE USED	
Lab 1	Lab Manager: _____
Lab 2	Lab Manager: _____
Lab 3	Lab Manager: _____
Lab 4	Lab Manager: _____
BGI	
Office	<input type="checkbox"/> at BGI <input type="checkbox"/> other Room Nr.: _____ Phone Nr.: _____
Safety	<input type="checkbox"/> General safety instructions, <input type="checkbox"/> Radiation badge and instructions, <input type="checkbox"/> Laser safety
Keys	<input type="checkbox"/> General Institute <input type="checkbox"/> Special: _____

ONLY FOR VISITORS PAID BY BGI

ACCOMMODATION	
Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	<input type="checkbox"/> Hotel <input type="checkbox"/> Private <input type="checkbox"/> Other:
Hotel Name/ Staying with	<input type="checkbox"/> Reserved
FINANCIAL DETAILS	
Project/"Kostenst."	
Travel costs	
Per diem	
Bank name	
Bank details	Account No. or IBAN: BLZ or SWIFT code:
Tax number	

I certify that the given information is correct. In case of any changes in the duration or the purpose of the visit (e.g. use of different laboratories) I will update this form.

Removing of any piece of equipment from BGI laboratories or offices is not allowed without explicit permission by the director.

Date Name Signature

of responsible Contact Person

Visit/Use of BGI Laboratories approved:

Date Signature of Director BGI

☐ UBT Safety Officer informed