

Request for registration to the FCF-FlowJo™ Site License

In order to register your computer to the FCF-FlowJo™ Site License, return this completed form to Jean-François Mayol.

Personal Information

First Name: _____

Last Name: _____

E-mail Address: _____

End of Usage : _____
(Optional)

Position Title: _____

Institution/Company: _____

Department: _____

Group Leader: _____

Physical Address:
(Billing Address)

University of Lausanne
Flow Cytometry Facility
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Mobile: +41 77 500 74 89

Fax: +41 21 692 5995

Website: www.unil.ch/fcf

Access via Flowjo Portal

By signing this form you will be provided an access to Flowjo via the Flowjo Portal. You simply have to put your login information in the preferences of the software once it has been approved. You can use it on 4 devices but only one at the time.

Agreement

With my signature, I confirm the accuracy and completeness of the information I have provided above.

By completing and submitting the authorized form to the Flow Cytometry Facility (FCF), I agree to accept the license fee for using the FlowJo™ Software charged by the FCF. Moreover I understand, that it is my responsibility (as user) and that of my Principal Investigator and/or the Department Administrator to notify the FCF of any changes in the user accounts or the Billing information provided to the FCF.

Billing will continue until the FCF receives notice in writing that the site license is no longer required.

User

Group Leader / Principal Investigator

Date:

Date:

Signature

Signature
