## **HSCC Class Registration Form**

Part I: Basic information			
Name of Trainee:			
Institution Affiliation:			
Phone:			
E-mail:			
Name of Principal Investigator:			
Registering for (please circle one): Basic Class or W	orkshop		
Part II: Liabilities			
The HSCC and its personnel are only responsible for class/workshop and therefore not liable for any hazar trainee during the training. Trainees will be instructed laboratory practices. The trainee will not remove any from the HSCC without permission.	rd or acc I on safe	ident that occurs to handling of mater	ials and
I will comply with all instructions during my training an or other materials from the HSCC without the express		•	•
Print Applicant Name and Signature		Date	_
Print PI Name and Signature		Date	_
Part III: Instructions			
Print form and obtain signatures.			

• Scan & upload the PDF to the iLab website

You can do one of the following:

• Fax the form to (713) 798-7465 Attn: Jean Kim