|  |  |  |
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| AIDA_logo_gif.gif | **Confirmation of Beamtime** | Please send together with a facility specific claim form for expenses to Natalia Potylitsina-Kube |

Facility Coordinator contact details

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| **Facility** | **Coordinator** | **Contact** |
| DESY | Ingrid Gregor | E-mail |

|  |  |
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| **Project Leader**:  | **AIDA-Project No.**: AIDA-DESY-2013-  |
| E-mail of the experimentalist:  |  |

|  |  |
| --- | --- |
| Allocated Beamtimefrom:       to:       2013 | Allocated Beamline:       |

|  |  |  |
| --- | --- | --- |
| **Name of *all AIDA* Experimentalists** | **Use of the infrastructure** | **Experimentalist****Signature**  |
| **Start Date**  | **End Date** |

|  |
| --- |
| The above data are confirmed as correct.Date: Signature of the **project leader or deputy:**  |

|  |  |  |  |
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|  | The above data are confirmed as correct.Date:AIDA Signature: | Weeks |  |

 Please let blue fields empty