MRI Reservation Form

Instructions: Please complete and email this form to nd-hnc@nd.edu upon reserving scan time, using the subject line "MRI Reservation Form (secure)".

Section 1: Researcher Contact Information

Name (Last, First, Middle): _____

ND Email: _____

Section 2. Reservation Information

Date: _____

Length (hours): _____

Section 3. Billing Information

PI Last: _____

PI Email: _____ PI Phone: _____

Laboratory (if different) or Project Name: _____

FOAPAL Information

Fund: _____

Organization: _____

Account: _____

Program: _____

Allocation (%): _____ Additional Funds/Allocations: _____