

RESEARCH PROPOSAL FOR MAGNET TIME ON A SUPERCONDUCTING MAGNET

Please fill carefully (typewritten) the form according to the guidelines without exceeding the available space.

To be filled in by the LNCMI

Received:

Ref. N°:

TITLE OF EXPERIMENT:

suggested local contact:

new proposal *or continuation* *research area :*

desired magnet time (days): *duration of daily magnet time (hours):*

LEADING EXPERIMENTALIST (to whom all correspondence will be addressed):

title, name:

citizenship:

affiliation:

address:

phone:

e-mail:

The form has to be mailed to:

Christiane Warth-Martin

Laboratoire National des Champs Magnétiques Intenses (LNCMI-CNRS)

25, Avenue des Martyrs - B.P. 166

38042 Grenoble Cedex 9 - France

e-mail : lncmi.supra@lncmi.cnrs.fr



SCIENTIFIC OUTLINE AND DESCRIPTION OF THE EXPERIMENT (including eventual references):

EXPERIMENTAL TECHNIQUE:

HAZARDS:

The form has to be mailed to:

e-mail : lncmi.supra@lncmi.cnrs.fr