



## Bioprocessing Workshop 2011

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_ For how many years?: \_\_\_\_\_

College/Technical Institute: \_\_\_\_\_

Major: \_\_\_\_\_

I am a United States citizen and can provide verification of my citizenship status: Yes / No

*\*This camp/workshop has been funded by a grant from the Texas Workforce Commission. The TWC requires that all participants must be US Citizens and provide documentation for eligibility. For list of eligible documentation see: <http://www.texasbiotech.org/outreach>*

How did you hear about the workshop?: \_\_\_\_\_

Have you ever participated in a laboratory workshop before? : Yes / No

If yes, what type of workshop, and when: \_\_\_\_\_

Have you ever worked with any of the following equipment: (check all that apply)

- BioFlo 110 Biofermentor
- Centrifuge
- Sonicator
- AKTA Purification system
- Plate spectrophotometer
- Cuvette spectrophotometer
- SDS-PAGE
- Gel Imaging



I agree that I will carry out laboratory procedures in accordance with the specific safety instruction that I have received before undertaking the procedures. I agree to wear any safety equipment provided by the BTEC Laboratory in accordance with the safety instructions and shall ensure my safety at all times.

Initial \_\_\_\_\_

I acknowledge that I am responsible for my own safety while working in the laboratory. I therefore agree at all times to ensure that I wear all necessary protective equipment and to ensure that all safety instruction is carried out properly.

Initial \_\_\_\_\_

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that the BTEC Laboratory will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Biotechnology Summer Workshop. I waive all and any claims against the BTEC Laboratory in this respect.

Initial \_\_\_\_\_

I confirm that I do not know of any medical condition that I suffer from which might have the effect of making it more likely that I be involved in an incident which could result in injury to myself or others.

Initial \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_