

Chemistry of Life Processes Institute  
Hotel Space Application

**Date**  **Application Preparer:** Name   
Phone   
Email

**Principal Investigator/Applicant**  
Name:  Title:

Department:   
Institution:   
Phone:  Email:

**Host/Collaborating Investigator (from different department)**  
Name:  Department:

**Project**  
Title:

Time Period  
Duration  Start Date  End Date

Granting Agency and Number

<b>Project Personnel</b>		Position (GS, Postdoc, Tech, etc.)
Name	Email	
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**Hazardous Materials (chemicals, radioactivity, infectious agents) and Special Features (noise, animals, etc.)**

**Special Equipment and Facilities Needs and/or Installation Requests**

**Account to be charged for expenses (phone/internet activations, moving, FM charges, repairs)**  
PO# or NU Chartstring:   
Business Manager Name:   
Signature:   
Email:  Phone:

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**Justification of Hotel Space Request in terms of Collaborative Activities (include likely benefits and consequences if request not granted)**

**Specific Aims of Project:**