**Supporting information for a**

**PROPOSAL AND BEAM TIME REQUEST FOR EXPERIMENTS AT ISA**

**January 2018 – December 2018**

**PROJECT TITLE**

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| --- |
|  |

**PROJECT LEADER** (To whom correspondence will be addressed)

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Address:** |  | |
| **Tel:** | | **Email:** |

**COLLABORATORS**

|  |  |
| --- | --- |
| **Name:** | **Affiliation** |
|  |  |

|  |  |
| --- | --- |
| **REQUESTED BEAM TIME \*)** |  |
| **SPECIFY BEAM LINE \*\*)** |  |
| **PREFERRED BEAM TIME PERIOD** |  |
| **EXCLUDED DATES** |  |

\*) Beam time will be given in a number of 24 hour days. Please note that for several installations the minimum beam time is 1 experiment week = 6½ days.

**\*\*)** Enter one of the following names: AU-CD, AU-UV, AU-SGM3, AU-MatLine, AU-AMO

**Use this form ONLY if your project is to be considered for support from the ”CALIPSOplus” transnational access programme.**

(To be submitted in one (1) copy)

***Title of Project:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| ***Name of Participating Users*** | ***Nationality*** | ***Home Institution*** | ***Supported Days Requested*** |
| *Project leader:* |  |  |  |
| *Collaborators:* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Justification for requesting support for more than one visitor:***

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| --- |
|  |

**Please send the completed Supporting Information Form, *along with the PDF file   
generated on the wayforlight website* as attachments to:   
e-mail: karin.vittrup@phys.au.dk**