

DEPARTMENT OF  
**CHEMISTRY & BIOCHEMISTRY**



*Surface Analysis Center  
Sign-Up Sheet for UMCP Users*

Welcome to the Surface Analysis Center (SAC)! As part of the Maryland NanoCenter and Department of Chemistry and Biochemistry, we look forward to working with you.

There are a few things required before you can begin work in SAC:

1. Please fill out the attached form with the information requested and return to SAC Management (contact details below). We also require that your organization (*including University of Maryland non-UMCP users*) issue a purchase order to the NanoCenter before using SAC. The PO can be for a specific number or hours or (preferably) a blanket purchase order NTE a fixed amount of money. We will bill you monthly only for the hours you used. If you have any questions about how to structure your purchase order, please contact:

Dr. Karen Gaskell, SAC Director  
University of Maryland  
BO127 Chemistry Building # 091  
College Park, Maryland 20742  
Phone: (301) 405-4999  
Fax: (301) 314-9121  
Email: [kgaskell@umd.edu](mailto:kgaskell@umd.edu)

2. Once the form is filled out and accepted, all users must schedule a SAC training session with Karen. During that time, you will learn how to properly operate the appropriate instrument.

3. Make sure you register on the NanoCenter Scheduler website.

<http://www.nanocenter.umd.edu/scheduler/>

Once you become a member, you can access our SAC scheduler to check tool availability and to reserve time on our tools.

<b><i>Hourly Rates</i></b>	HY Raman Microscope	Digital Instruments AFM-Multimode III
UMCP	\$32	\$30
External non-profit/ university	\$49	\$46
Small commercial/ MTECH	\$95	\$85
Large commercial	\$106	\$96

4. Training for each person will cost \$100 for UMCP, \$150 for other UM system, outside universities or Government, and \$200 for Commercial interests in addition to the billing of the training hours. Hourly rates are listed above both for training and normal operations.



*SAC UMCP User Registration Form*

<u>User Name</u>	<u>ID Card Number</u>	<u>email</u>	<u>FRS Charge Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Approvals:** I agree to pay the SAC hourly rates & Training fees outlined in this document.

P. I: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_ Dept. \_\_\_\_\_

Business Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Name)

Business Contact Signature: \_\_\_\_\_