

# University of Arkansas Laser Registration

Principal Investigator's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Laser Lab Location: Building: \_\_\_\_\_ Room: \_\_\_\_\_

## **Laser system Information:**

Manufacturer: \_\_\_\_\_ Model# \_\_\_\_\_

Serial # \_\_\_\_\_

Strength \_\_\_\_\_ Laser Class: (1, 2, 3a, 3b, 4) \_\_\_\_\_

## **Description of Laser Use / Research:**

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