

LOGIN SCREEN

Welcome to IMS

Update:

Beginning on October 1, 2015, NCNR staff and facility users will be required to complete the NCNR Safety Awareness training presentation. Once you have logged into your IMS account, go to the "User Activities" menu and click "Online Training for NCNR Facility Users" to begin this training.

****IMPORTANT NEWS ****

All visitors who plan to travel to the NCNR by personal car or rental car must provide evidence that the car is properly registered with the appropriate US state upon request. Vehicles without proof of US state registration will not be allowed into NIST. Visitors driving rental cars can show their rental agreement in lieu of vehicle registration.

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WARNINGWARNING**WARNING**WARNING**WARNING**

E-mail address: [Forgot Username?](#)

Password: [Forgot Password?](#)

Login

Don't have an NCNR-IMS account?
[Sign up](#)

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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For additional information, see the [NIST Privacy Statement/Security Notice](#).

CREATE ACCOUNT

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Create New User Account

Please complete the form below to create a new account on the NCNR IMS system. When you press the 'Create New Account' button an e-mail containing information on how to activate your new account will be sent to the e-mail address you have provided.

User name (e-mail address):

For requirements on selecting a password, click [here](#).

Password:

Confirm password:

Prefix:

First name:

Middle name:

Last name:

Suffix:

Click [here](#) to go to the login page.

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Create Account > Prefix Drop Down

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Confirm password:

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First name:

Middle name:

Last name:

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Activate Account

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
 Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

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Telephone No.:

- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua And Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia And Herzegovina
- Botswana
- Bouvet Island

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Job title: [dropdown]

Citizenship: [dropdown]

Permanent Resident/Green Card Holder: [checkbox]

Local contact: [checkbox]

Affiliation: [dropdown]

This information: [checkbox]

First Name: [input]

Last Name: [input]

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Information

Information of an accident or medical emergency.

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****WARNING**WARNING**WARNING**WARNING**WARNING****

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder:

Local contact:

Affiliation:

This information is for use in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Your affiliation from the generated list. If you do not see your affiliation, please enter the complete name in the text box below the generated drop down list.

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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WARNINGWARNING**

Permanent Resident/Green Card Holder

- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat

Job type:

Job title:

Citizenship:

Local contact :

Affiliation:

activate your account.

your affiliation from the generated list. please enter the complete from the generated drop down list.

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First Name:

Last Name:

Relationship:

Telephone No.:

Activate

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****WARNING**WARNING****

- Montserrat
- Morocco
- Mozambique
- Myanmar (Burma)
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

activate your account.

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WARNING**WARNING**

- Puerto Rico
- Qatar
- Reunion
- Romania
- Russia
- Rwanda
- Saint Helena
- Saint Kitts And Nevis
- Saint Lucia
- Saint Pierre And Miquelon
- Saint Vincent And The Grenadines
- Samoa
- San Marino
- Sao Tome And Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia And The South Sandwich Islands
- Spain
- Sri Lanka
- Stateless
- Sudan

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

ivate your account.

your affiliation from the generated list.
please enter the complete
from the generated drop down list.

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ARNING**WARNING**

- Sudan
- Suriname
- Svalbard And Jan Mayen Islands
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Togo
- Tokelau
- Tonga
- Trinidad And Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks And Caicos Islands
- Tuvalu
- U.S. Minor Outlying Islands
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

ivate your account.

your affiliation from the generated list.
please enter the complete
from the generated drop down list.

mation

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First Name:

Last Name:

Relationship:

Telephone No.:

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Job type: _____

Job title: _____

Citizenship: Venezuela

Permanent Resident/Green Card Holder: _____

Local contact: _____

Affiliation: _____

- Tanzania
- Thailand
- Togo
- Tokelau
- Tonga
- Trinidad And Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks And Caicos Islands
- Tuvalu
- U.S. Minor Outlying Islands
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Virgin Islands (British)
- Virgin Islands (U.S.)
- Wallis And Futuna Islands
- West Bank
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

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WARNING**WARNING**

activate your account.

your affiliation from the generated list. please enter the complete affiliation from the generated drop down list.



Emergency Contact Information

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First Name:

Last Name:

Relationship:

Telephone No.:

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ACTIVATE ACCOUNT > LOCAL CONTACT DROP
DOWN

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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

- Local contact :
- Affiliation:
- Adler, Daniel
 - Alina, Gervaise
 - Anderson, David
 - Arif, Muhammad
 - Baltic, Elias
 - Baltic, George
 - Barker, John
 - Bartlett, James
 - Barvitskie, Tim
 - Berg, Christopher
 - Berk, Norman
 - Bertrand, Christopher
 - Bishop, Ronald
 - Blackman, Myron
 - Bleuel, Markus
 - Bobik, Paul
 - Borchers, Julie
 - Brand, Paul
 - Breuer, Herbert
 - Brocker, Christoph
 - Broholm, Collin
 - Brown, Craig
 - Brown, David
 - Burke, Tanya
 - Butch, Nicholas
 - Butler, Paul
 - Cappelletti, Ronald
 - Chen, Wangchun
 - Chen-Mayer, Huaiyu

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

This informant:

First Name:

Last Name:

Relationship:

Telephone No.:

Important in the event of an accident or medical emergency.

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WARNINGWARNING**WARNING**WARNING**WARNING**

- Chen-Mayer, Huaiyu
- Chu, Pamela
- Clark, Forrest
- Colvard, Samuel
- Connelly, Patrick
- Consani, Keith
- Cook, Jeremy
- Cooper, Michelle
- Copley, John
- Cunningham, William
- Curtis, Joseph
- Dax, Tanya
- Deeb, Susan
- Dewey, Maynard
- Dimeo, Robert
- Disseler, Steven
- Downing, Robert
- Dura, Joseph
- English, Mark
- Erwin, Ross
- Faraone, Antonio
- Fink, Laurance
- Fitt, Todd
- Fitzgerald, Evan
- FitzGerald, Mary Ann
- Flynn, Daniel
- Gagliardo, Jeffrey
- Gagnon, Cedric
- Gehring, Peter
- Gentile, Thomas

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact:

Affiliation:

This informant

First Name:

Last Name:

Relationship:

Telephone No.:

Activate Account

Click on the link below to activate your account.

Click on the link below to activate your account. After you click on the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

Provide the name of the contact person who is most important in the event of an accident or medical emergency.

Activate

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WARNINGWARNING**WARNING**

- Gentile, Thomas
- Gilliam, David
- Glaze, Deborah
- Glinka, Charles
- Gnaupel-Herold, Thomas
- Greenberg, Robert
- Groff, Christine
- Grueter, Alexander
- Hammouda, Boualem
- Hanak, Dona
- Harriger, Leland
- Heald, Allen
- Heimbach, Craig
- Heinrich, Frank
- Herman, Tobias
- Hernandez, Yamali
- Hoogerheide, David
- Hoogerheide, Shannon
- Huang, Qing-Zhen
- Huber, Michael
- Hudson, Matthew
- Hughes, Daniel
- Hussey, Daniel
- Jacobson, David
- Jamer, Michelle
- Jensen, Grethe
- Johnson, Douglas
- Johnston, Thomas
- Jones, Ronald
- Kamitakahara, William

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact:

Affiliation:

This informant

First Name:

Last Name:

Relationship:

Telephone No.:

Activate Account

Click on the link below to activate your account.

Click on the link below to activate your account. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

Click on the link below to activate your account. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Activate

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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Expiration Date: XXX/XXX/XXXX

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NG**WARNING**WARNING**WARNING**

- Kamitakahara, William
- Keaton, Crystal
- Kelkey, Mitiku
- Kelley, Elizabeth
- Kelman, Zvi
- Keyser, Daniel
- Keyser, Julie
- Khan, Majeed
- Kienzle, Paul
- Kirby, Brian
- Kline, Steven
- Klosowski, Przemek
- Kopetka, Paul
- Krueger, Susan
- Krycka, Kathryn
- Krzywon, Jeffrey
- LaManna, Jacob
- Leao, Juscelino
- Lindstrom, Richard
- Liposky, Paul
- Liu, Yun
- Lynn, Jeffrey
- MacDavid, Samuel
- Majkrzak, Charles
- Maliszewskjy, Nicholas
- Malone, Andrew
- Mao, Yimin
- Maranville, Brian
- Martin, Michael
- McCarty, Polly

Job type: _____

Job title: _____

Citizenship: _____

Permanent Resident/Green Card Holder

Local contact : _____

Affiliation: _____

This inform _____

First Name: _____

Last Name: _____

Relationship: _____

Telephone No.: _____

Activate Account

on below to activate your account.

Dropdown menu

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

Important in the event of an accident or medical emergency.

Activate

Privacy Act Statement

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WARNINGWARNING**WARNING**

- McCarthy, Polly
- McDonald, Michael
- Middleton, Michael
- Mihailescu, Mihaela
- Mildner, David
- Moody, James
- Mullendore, Sean
- Mumm, Hans
- Munter, Alan
- Murbach, Michael
- Nagao, Michihiro
- Nester, Dennis
- Neumann, Dan
- Neviasser, Martha
- Newton, Thomas
- Nico, Jeffrey
- Norbedo, Anthony
- O'Brien, Tom
- O'Shaughnessy, Christopher
- Oflaz, Rabia
- Ogg, Daniel
- Ogg, Douglas
- Ogg, Rebecca
- PARIKH, CHIRAG
- Parikh, Nalin
- Paul, Rick
- Pheiffer, Stephen
- Pierce, Donald
- Prask, Henry
- Prisk, Timothy

Activate Account

Click on the link below to activate your account.

Dropdown menu

Click on the link below to activate your account. After clicking on the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

Enter the name of the person who is most important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

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NG**WARNING**WARNING**WARNING**

- Prask, Henry
- Prisk, Timothy
- Pritchard, Kevin
- Pushin, Dmitry
- Qiu, Yiming
- Ratcliff II, William
- Remley, Bryan
- Rinehart, Michael
- Rodriguez, Jose
- Rowe, J. Michael
- Sahin, Dagistan
- Santoro, Anthony
- Satija, Sushil
- Schroder, Ivan
- Schwaderer, Marcus
- Slaughter, Scott
- Slifer, Scott
- Sprow, Ricky
- Stalick, Judith
- Teixeira, Susana
- Thompson, Alan
- Tomasi, Kimberly
- Tracy, James
- Tsai, Peter
- Tyagi, Madhu Sudan
- Udovic, Terrence
- Vasquez, Krystle
- Verdal, Nina
- Vilaseca, Rodrigo
- Walton, Avery

Job type:
Job title:
Citizenship:
Permanent Resident/Green Card Holder

Local contact :
Affiliation:

This inform

First Name:
Last Name:
Relationship:
Telephone No.:

Activate Account

Click on below to activate your account.

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

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Activate

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WARNINGWARNING**WARNING**

- Teixeira, Susana
- Thompson, Alan
- Tomasi, Kimberly
- Tracy, James
- Tsai, Peter
- Tyagi, Madhu Sudan
- Udovic, Terrence
- Vasquez, Krystle
- Verdal, Nina
- Vilaseca, Rodrigo
- Walton, Avery
- Watson, Shannon
- Weaver, Jamie
- Weigandt, Kathleen
- Wietfeldt, Fred
- Wilkison, Daniel
- Williams, Robert
- Williamson, Laura
- Wiygul, Oscar
- Wrenn, Colin
- Wu, Hui
- Xu, Guangyong
- Xu, Zhijun
- Yildirim, Taner
- Yue, Andrew
- Zeisler, Rolf
- Zeltman, Melissa
- Zhao, Yang
- Zhou, Wei
- Ziegler, Jeff

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact:

Affiliation:

This informant

First Name:

Last Name:

Relationship:

Telephone No.:

Activate Account

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Emergency Contact Information

Click on the link below to activate your account. In the event of an accident or medical emergency, contact the person listed below.

Activate

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SUMMER SCHOOL APPLICATION

NCNR/NSF 2018 Summer School Application

OMB Control #0693-XXXX
Expiration Date: XX/XX/XXXX

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Disclosure: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.

For additional information, see the [NIST Privacy Statement/Security Notice](#).

Instructions

This application form is for users who are planning to attend the NCNR/NSF 2018 Summer School. Please fill in the information requested below. Mandatory fields are indicated by *.

Application Deadline: 23:59:59 PM EDT, April 2, 2018

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text" value="v"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="text" value="v"/>

* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text" value=""/>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text" value=""/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text" value=""/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Submit Application"/>	

SUMMER SCHOOL APPLICATION > COUNTRY
DROP DOWN

This application form is for users who are planning to attend the NCNR/NSF 2018 Summer School. Please fill in the information requested below. Mandatory fields are indicated by *

Application Deadline: 23:59:59 PM EDT, April 2, 2018

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div style="border: 1px solid black; padding: 2px;"> United States Aden Afghanistan Albania Algeria Andorra Angola Antarctica Antigua Argentina Aruba Ascension Australia Austria Azores Bahamas Bahrain Balearic Islands Bangladesh Barbados Barbuda Belgium Belize Bermuda Bhutan Bolivia Bonaire Bophuthatswana Borneo Bosnia </div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic questions to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
Additional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="text"/>
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

Submit Application

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Application Deadline: 23:59:59 PM EDT, April 2, 2018

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* Street Address	<input type="text"/>
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* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Answers to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
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Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

- Bosnia
- Botshabelo
- Botswana
- Brazil
- British West Indies
- Brunei Darussalam
- Bulgaria
- Burma
- Burundi
- Cambodia
- Canada
- Canary Islands
- Central African Republic
- Chile
- China
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- East Africa
- Ecuador
- Egypt
- El Salvador
- England
- Ethiopia
- Finland
- France
- Germany
- Ghana
- Greece

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* Zip	<input type="text"/>
* Country	<input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
	<div style="border: 1px solid black; padding: 2px;"> <ul style="list-style-type: none"> Greece Greenland Guam Haiti Holland Hong Kong Hungary Iceland India Indonesia Iran Iraq Ireland Isle of Scilly Israel Italy Jamaica Japan Kenya Korea Kuwait Lebanon Liberia Liechtenstein Macau Malawi Mexico Monaco Mozambique Nepal </div>
Demographic questions to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
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If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
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* Country	<input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <ul style="list-style-type: none"> Nepal Netherlands Netherlands Antilles New Zealand Nicaragua Nigeria Norway Pakistan Peru Philippines Poland Portugal Portuguese India Puerto Rico Romania Rwanda Saudi Arabia Solomon Islands South Africa Spain Sweden Switzerland Tanzania Thailand United Kingdom Venezuela Vietnam Virgin Islands West Africa Western Samoa </div> <div style="margin-left: 10px;"> <p>Demographic questions to these questions are voluntary.)</p> </div> </div>	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

Submit Application

SUMMER SCHOOL APPLICATION > RACE DROP
DOWN

This application form is for users who are planning to attend the NCNR/NSF 2018 Summer School. Please fill in the information requested below. Mandatory fields are indicated by *

Application Deadline: 23:59:59 PM EDT, April 2, 2018

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/> <ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

Submit Application

SUMMER SCHOOL APPLICATION >
PROFESSIONAL STATUS DROP DOWN

This application form is for users who are planning to attend the NCNR/NSF 2018 Summer School. Please fill in the information requested below. Mandatory fields are indicated by *

Application Deadline: 23:59:59 PM EDT, April 2, 2018

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/> <ul style="list-style-type: none"> Student Post-Doc Jr. Faculty Other
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

Submit Application

SUMMER SCHOOL APPLICATION > AREA OF
RESEARCH DROP DOWN

This application form is for users who are planning to attend the NCNR/NSF 2018 Summer School. Please fill in the information requested below. Mandatory fields are indicated by *

Application Deadline: 23:59:59 PM EDT, April 2, 2018

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/> <ul style="list-style-type: none"> Hard Condensed Matter Physics Magnetic Materials Materials Science Polymer Science Complex Fluids Earth Science Physical Chemistry and Chemical Physics Materials Chemistry Biomolecular Science Residual Stress/Engineering Other
If Other, please specify	
Have previous neutron experience?	<input type="text"/>
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<input type="text"/>
Would you like to be considered for financial assistance?	<input type="radio"/> Yes <input type="radio"/> No

Submit Application

User's Dashboard

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Health Physics

Training Date: 01/13/2017

Expiration Date: 01/13/2019

Demographic Details

Wish to disclose Yes

DO NOT wish to disclose Yes

Responses to these questions are voluntary.
 Your responses are treated in a highly confidential manner.
 The aggregate information will be used to determine if our
 NSF-funded programs are reaching all segments of the
 population.
 Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
 (Select one or more):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Proposals

Saved: 6
 Submitted: 2
 Accepted: 1
 Rejected: 0
 Scheduled: 1
Total: 10

Beam Time

Saved: 6
 Submitted: 2
 Scheduled: 4
Total: 12

Publications

Submitted to WERB: 0
 WERB Approved: 0
 In Press: 0
 Published: 0
Total: 0

Experiments

USER'S DASHBOARD > LOCAL CONTACT DROP
DOWN

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Demographic

Wish to disclose

DO NOT wish to

- Adler, Daniel
- Alina, Gervaise
- Anderson, David
- Arif, Muhammad
- Baltic, Elias
- Baltic, George
- Barker, John
- Bartlett, James
- Barvitskie, Tim
- Berg, Christopher
- Berk, Norman
- Bertrand, Christopher
- Bishop, Ronald
- Blackman, Myron
- Bleuel, Markus
- Bobik, Paul
- Borchers, Julie
- Brand, Paul
- Breuer, Herbert
- Brockner, Christoph
- Broholm, Collin
- Brown, Craig
- Brown, David
- Burke, Tanya
- Butch, Nicholas
- Butler, Paul
- Cappelletti, Ronald
- Chen, Wangchun
- Chen-Mayer, Huaiyu
- Chu, Pamela

Health Physics

Training Date: 01/13/2017

[Request Training](#)

Expiration Date: 01/13/2019

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 NSF-funded programs are reaching all segments of the
 population.
 Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
 (Select one or more):

American Indian or Alaska Native

Asian

Black or African American

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Demographic

Wish to disclose

DO NOT wish to

Chu, Pamela
Clark, Forrest
Colvard, Samuel
Connelly, Patrick
Consani, Keith
Cook, Jeremy
Cooper, Michelle
Copley, John
Cunningham, William
Curtis, Joseph
Dax, Tanya
Deeb, Susan
Dewey, Maynard
Dimeo, Robert
Disseler, Steven
Downing, Robert
Dura, Joseph
English, Mark
Erwin, Ross
Faraone, Antonio
Fink, Laurance
Fitt, Todd
Fitzgerald, Evan
FitzGerald, Mary Ann
Flynn, Daniel
Gagliardo, Jeffrey
Gagnon, Cedric
Gehring, Peter
Gentile, Thomas
Gilliam, David

Health Physics

Training Date: 01/13/2017

[Request Training](#)

Expiration Date: 01/13/2019

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The aggregate information will be used to determine if our NSF-funded programs are reaching all segments of the population.
Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
(Select one or more): American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Demographic

Wish to disclose

DO NOT wish to

- Gilliam, David
- Glaze, Deborah
- Glinka, Charles
- Gnaupel-Herold, Thomas
- Greenberg, Robert
- Groff, Christine
- Grutter, Alexander
- Hammouda, Boualem
- Hanak, Dona
- Harriger, Leland
- Heald, Allen
- Heimbach, Craig
- Heinrich, Frank
- Herman, Tobias
- Hernandez, Yamali
- Hoogerheide, David
- Hoogerheide, Shannon
- Huang, Qing-Zhen
- Huber, Michael
- Hudson, Matthew
- Hughes, Daniel
- Hussey, Daniel
- Jacobson, David
- Jamer, Michelle
- Jensen, Grethe
- Johnson, Douglas
- Johnston, Thomas
- Jones, Ronald
- Kamitakahara, William
- Keaton, Crystal

Health Physics

Training Date: 01/13/2017

Request Training

Expiration Date: 01/13/2019

nd Technolo

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 population.
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What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
 (Select one or more):

American Indian or Alaska Native

Asian

Black or African American

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name:
Last Name:
Email:
Local Contact:
Affiliation:
Room Number:
Phone Extension:
Job Title:

Demographic

Wish to disclose

DO NOT wish to

Keaton, Crystal
Kelkay, Mitiku
Kelley, Elizabeth
Kelman, Zvi
Keyser, Daniel
Keyser, Julie
Khan, Majeed
Kienzle, Paul
Kirby, Brian
Kline, Steven
Klosowski, Przemek
Kopetka, Paul
Krueger, Susan
Krycka, Kathryn
Krzywon, Jeffrey
LaManna, Jacob
Leao, Juscelino
Lindstrom, Richard
Liposky, Paul
Liu, Yun
Lynn, Jeffrey
MacDavid, Samuel
Majkrzak, Charles
Maliszewskyj, Nicholas
Malone, Andrew
Mao, Yimin
Maranville, Brian
Martin, Michael
McCarty, Polly
McDonald, Michael

Health Physics

Training Date: 01/13/2017
Expiration Date: 01/13/2019

Request Training

nd Technolo

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The aggregate information will be used to determine if our
NSF-funded programs are reaching all segments of the
population.
Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
(Select one or more):
 American Indian or Alaska Native
 Asian
 Black or African American

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name: McDonald, Michael
Last Name: Middleton, Michael
Email: Mihalescu, Mihaela
Local Contact: Mildner, David
Affiliation: Moody, James
Room Number: Mullendore, Sean
Phone Extension: Mumm, Hans
Job Title: Munter, Alan
Murbach, Michael
Nagao, Michihiro
Nester, Dennis
Neumann, Dan
Neviaser, Martha
Newton, Thomas
Nico, Jeffrey
Norbedo, Anthony
O'Brien, Tom
O'Shaughnessy, Christopher
Ofiaz, Rabia
Ogg, Daniel
Ogg, Douglas
Ogg, Rebecca
PARIKH, CHIRAG
Parikh, Nalin
Paul, Rick
Pheiffer, Stephen
Pierce, Donald
Prask, Henry
Prisk, Timothy
Pritchard, Kevin

Demographic

Wish to disclose

DO NOT wish to

Health Physics

Training Date: 01/13/2017

[Request Training](#)

Expiration Date: 01/13/2019

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Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race? (Select one or more):
 American Indian or Alaska Native
 Asian
 Black or African American



IMS User Dashboard

- Pritchard, Kevin
- Pushin, Dmitry
- Qiu, Yiming
- Ratcliff II, William
- Remley, Bryan
- Rinehart, Michael
- Rodriguez, Jose
- Rowe, J. Michael
- Sahin, Dagistan
- Santoro, Anthony
- Satija, Sushil
- Schroder, Ivan
- Schwaderer, Marcus
- Slaughter, Scott
- Slifer, Scott
- Sprow, Ricky
- Stalick, Judith
- Teixeira, Susana
- Thompson, Alan
- Tomasi, Kimberly
- Tracy, James
- Tsai, Peter
- Tyagi, Madhu Sudan
- Udovic, Terrence
- Vasquez, Krystle
- Verdal, Nina
- Vilaseca, Rodrigo
- Walton, Avery
- Watson, Shannon
- Weaver, Jamie

Events

Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Demographic

Wish to disclose

DO NOT wish to

Health Physics

Training Date: 01/13/2017

Expiration Date: 01/13/2019

Request Training

nd Technolo

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 population.
 Thank you for helping us determine the impact of our efforts.**

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
 (Select one or more):

American Indian or Alaska Native

Asian

Black or African American

IMS User Dashboard

Events

Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

Demographic

Wish to disclose

DO NOT wish to

Teixeira, Susana
Thompson, Alan
Tomasi, Kimberly
Tracy, James
Tsai, Peter
Tyagi, Madhu Sudan
Udovic, Terrence
Vasquez, Krystle
Verdal, Nina
Vilaseca, Rodrigo
Walton, Avery
Watson, Shannon
Weaver, Jamie
Weigandt, Kathleen
Wietfeldt, Fred
Wilkison, Daniel
Williams, Robert
Williamson, Laura
Wiygul, Oscar
Wrenn, Colin
Wu, Hui
Xu, Guangyong
Xu, Zhijun
Yildirim, Taner
Yue, Andrew
Zeisler, Rolf
Zeltman, Melissa
Zhao, Yang
Zhou, Wei
Ziegler, Jeff

Health Physics

Training Date: 01/13/2017

[Request Training](#)

Expiration Date: 01/13/2019

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Your responses are treated in a highly confidential manner.
The aggregate information will be used to determine if our NSF-funded programs are reaching all segments of the population.
Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race?
(Select one or more):
 American Indian or Alaska Native
 Asian
 Black or African American

USER'S DASHBOARD > JOB TITLE DROP DOWN

IMS User Dashboard

Events

Visitor Registration Submission Date: 06/26/2018

Profile

First Name:

Last Name:

Email:

Local Contact:

Affiliation:

Room Number:

Phone Extension:

Job Title:

- Research Scientist
- Undergraduate Student
- Professor
- PostDoc
- Graduate Student
- High School Student
- Engineer
- Administrative
- Police
- Technician
- Reviewer
- Computer/IT
- Fireman
- Other
- SURF-Student

Health Physics

Training Date: 01/13/2017

Expiration Date: 01/13/2019

Demographic

Wish to disclose Yes

DO NOT wish to disclose Yes

Responses to these questions are voluntary.
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Thank you for helping us determine the impact of our efforts.

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race? (Select one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White