

BLTP NETWORK REGISTRATION FORM

Surname:

First name:

Second name:

Room number:

Expiration date:

End date of your contract or the last day of your visit

Supervisor:

Department:

(TFI, TAN, TCM, MMP)

Sector:

THEOR.JINR.RU login:

Your new email will be <login>@theor.jinr.ru

Single Sign-On login:

SSO is your login for access to common JINR resources like pin.jinr.ru

Date _____ **Signature** _____

Signing I agree with the rules of [BLTP](#) and [JINR](#) networks

Filled by authorised person

Date _____ **Signature** _____

BLTP scientific secretary, heads of departments, director or vice-directors