Victoria Office
PO Box 3075, STN CSC
3800 Finnerty Road, Hut R
Victoria, BC V8W 3W2
p. +1.250.472.4323
f. +1.250.721.6497

Halifax Office
2579 Windsor Street
Halifax, NS
B3K 5C4
p. +1.902.407.3722
f. +1.902.407.3732

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Primary Researcher Information

I [   ] (← primary researcher name here) have read and understand the "Terms and Conditions ProteusDS Academic License Agreement for Research Use" listed below and have fully disclosed the extents of the research project and commercial partners.

Signature: _____ Date: _____

Position / degree program (ex. Assistant Professor, PhD): [   ]

Expected graduation date (if applicable): [   ]

University / College / Institution: [   ]

Authorized institutional representative

This section is not necessary if the primary researcher is an authorized institutional representative.[1]

Authorized representative position: [   ]

Authorized representative signature[2]: _____ Date: _____

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1 The authorized institutional representative must be a professor, faculty member, director of research, Dean, etc. on staff at the University / school.
2 By signing this form the institutional representative affirms that the research described in this agreement is being carried out under the guidance of the institution / university.

Description of research[3]:

Does the research involve any commercial partners? If yes, then please list the partners and describe their involvement.

In addition to the primary researcher, who will be using the software?

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3   A separate document may be attached that describes the research project.

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