

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:
