

The American Association of Immunologists
 Host PI Confirmation Form
Please print legibly or type.

HOST PI INFORMATION								
Last Name		First Name or Initial		Middle Name or Initial		Title/ Position		
Institution					Department			
Phone		Email				Visit Dates		

VISITING PI INFORMATION								
Last Name		First Name or Initial		Middle Name or Initial		Title/ Position		
Institution					Department			
Phone		Email				Technique Requiring Instruction		
If the PI is designating a lab member to travel, please provide this person's name here								

Host PI Confirmation of Willingness to Host a Visiting Investigator

I hereby certify that the scientist named above has my permission to work in my lab to learn the technique specified above.

Host PI Signature: _____ Date: _____

Host PI: Yes, I am an AAI member
 AAI member number _____

No, I am not an AAI member