The American Association of Immunologists Host PI Confirmation Form

Please print legibly or type.

HOST PI INFORMATION											
Last Name			First N or Initi		Middle Name or Initial				Title Posi		
Institution				De			urtment				
Phone	Email						·	Visit Dates			
VISITING PI INFORMATION											
Last Name			First N or Initi		e Middle Name or Initial				Title Posi		
Institution			De				artment				
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