

Please fill out all information completely in order to facilitate the registration process.

**Applicant's Information:**

Name  
Title  
Degree Program (for Graduate Students)  
Institution or University  
Address  
Mail Code or Box  
City, State, Zip  
Phone Number  
Fax Number  
Email Address  
Research Interest (2 – 4 sentences):

Reason to attend HESC Culture Training (2 – 4 sentences). Please state how your research project uses HESCs or hiPSCs.

**Principal Investigator's information**

Note: you may only list information for the lab where you are currently employed.

Name:  
Institution or University of appointment/laboratory location:

Phone Number:  
Email:

**Signatures**

I agree to the terms outlined below.

Applicant Signature:  
Date:

Principal Investigator Signature: (required)  
Date:

**Terms:**

- An electronic copy and a hard copy of the registration must both be sent to be eligible. Failure to do so may result in a delay of your registration.
- If you are applying as an academic institution employee, student or staff your status must be current in order for you to be accepted to training.
- You must submit a photo of your staff or student ID upon request.
- The fee for training is 500\$ for staff and students of UCHC and UConn. If you believe you are eligible for a waiver of this fee, please contact [UCSCICORE@uchc.edu](mailto:UCSCICORE@uchc.edu) for more information.
- To find out the fees for other institutions, please contact [UCSCICORE@uchc.edu](mailto:UCSCICORE@uchc.edu).

**Please email registration application to:**

Email: [ucscicore@uchc.edu](mailto:ucscicore@uchc.edu) and [renhexu@uchc.edu](mailto:renhexu@uchc.edu)

AND

Mail hard copy to:

Internal Mail:

MC-3301

OR

Mail:

UConn Stem Cell Core

University of Connecticut Health Center

263 Farmington Ave. MC-3301

Farmington, CT, 06030-3301