

# Flow Cytometry Platform Registration for FlowJo license



Please complete and return this form to [FCCF](#) in order to register your computer to FlowJo Software. Only with the two signatures in the end we will give access to install the FlowJo. For more informations regarding installation of FlowJo software please visit our [website](#).

## Personal Information

Contact:

First Name

E-Mail: [sv.cytometry@epfl.ch](mailto:sv.cytometry@epfl.ch)

Last Name

Phone: +41 21 69 30901

E-mail Address

Web: [fccf.epfl.ch](http://fccf.epfl.ch)

Faculty / Laboratory

Group Leader

Billing Address

## Computer Information

Computer Name

Hardware address

For instructions click [here](#)

The cost will be 300\$/year that is divided in 4 periods. You just pay the periods where you have used the FlowJo. The billing starts at May1st.

## Agreement

With my signature I confirm the accuracy and completeness of the information I have provided above. By submitting this form I accept the license fee for using FlowJo Software, and understand that is my responsibility (as user) and also from my group leader to notify the FCCF staff of any changes in the user accounts or the billing information provided.

Billing will continue until the FCCF received by writing that this license is no longer necessary.

User

Group Leader

Date

Date

Signature \_\_\_\_\_

Signature \_\_\_\_\_