

# 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

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Last Name		First Name or Initial		Initial	2 416 Name or	Title/ Position
Institution				Department		
Phone		Email			Technique Requiring Instruction	
If the PI is designating a lab member to travel, please provide this persons 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