

Archbold Biological Station

Visitor Application

Please complete and return to: Facilities Coordinator, Archbold Biological Station, P.O. Box 2057, Lake Placid, FL 33862, (Phone: 863-465-2571 ext. 260, Fax (863) 699-1927, [e-mail:<pdevane@archbold-station.org>](mailto:pdevane@archbold-station.org))

We recommend everyone check our Web site at www.archbold-station.org PRIOR to arrival, for updates and visitor information.

Section A - Application Type

Please check all that apply

- Research Work** - Principle Investigator (PI)
- Graduate Student

Please check area of research interest:

- Ornithology Vertebrate Invertebrate Plant Ecology
 Agro-Ecology G.I.S. Other, *please specify*

List all additional visitors

Give a brief description of your planned research

Please attach a summary of the following:

- Major objectives and general plan of study
- Present status of the research
- Reason for selection of the Station/Ranch for the proposed work
- Experience and citations of the recent publications

- College/University Class Visit** - School Name
Name Class Instructor (s)

All visiting class instructions are required to visit our Web site (listed above) prior to arrival, for updates and information on our Multi-User Classroom, and Multi-Purpose Lab facility.

The provide the following items:

- A copy of your course description and class syllabus, prior to arrival
- Name/Title of Faculty Member in charge _____ Email: _____
- Class web site, faculty site _____
- Course Name & Number: _____

- Meeting/Workshop** Title (Agency/Group)
Organizers Name _____ Email address: _____

Please attach or send prior to meeting/workshop:

- A brief description of your planned activities
- A copy of your meeting/workshop agenda/itinerary

- Group Field Trip/Day Visit** - Name of Group
Group Leader Name
 Non-profit Group For Profit Group

Please provide the following information:

- Brief description of planned activities
- Staff guide requests _____

- General Visitor** - Name
Please provide the purpose of your visit

Note: Every individual is required to sign the Archbold Biological Station Release of Liability form, and return to the Facilities Coordinator.

Section B - Personal Information

Name (first) _____ (Initial) _____ (Last) _____
 Mailing Address _____
City/State/Zip _____
 Telephone _____ Fax _____ E-mail _____

Billing Information: *If different from above, for all except Group tours*

Name _____
 Address _____
 City/State/Zip _____
 Telephone _____ Fax _____ E-mail _____

Title or position _____ Source of Support _____

Payment Method - Cash _____ Check _____ Purchase Order _____
 Visa/MC, Discover # _____ Exp. Date _____ (Fax ONLY, Do Not e-mail)
 Please bill me individually for the Meeting/Workshop listed above.
 Office Use only (charge to _____ cost center)

Section C - Visit Requests

Date (s) of Visit:

From _____ Arrival time _____
 To _____ Departure time _____

Total Number in Party _____ Males _____ Females _____

A \$7.00 per person, per day is charged to all visitors (except day visitors). A 25% discount applies for a stay of one week, a 40% discount applies on a stay of one month or more. *(Station Fees for appropriate groups may be waived, at Executive Directors discretion only)*

Section D - Accommodation Requests

Preferred Lodging: (upon availability)

Selection	Lodging	Nightly Rate	Extended Stay Rate (no further discount apply)	Shared Rate (no further discount apply)
	Main House Room	\$25.00	Does not apply	Does not apply
	One bedroom Cottage	\$45.00	\$600.00	Does not apply
	Two bedroom Cottage	\$50.00	\$700.00	\$400.00
	Three bedroom Cottage	\$60.00	\$800.00	\$450.00
	Four bedroom Cottage	\$70.00	\$900.00	\$500.00

Total lodging capacity, +/-60 at the Station

Special Rates for group lodging, \$15.00 per person per night

A 25% discount applies for a stay of one week, a 40% discount applies for a stay of one month or more.

Section E - Meal Requests

Our dining room serves three meals a day Monday - Friday. Weekend meal service available upon advance request. Individual daily menus are available in the Mailroom, located behind the Main Office. Groups are required to notify Facilities Coordinator, one week in advance, with number of meals required for their group.

Meals times and prices are as follows:

- Continental style Breakfast (6:30 a.m. - 8:00 a.m.) - \$3.00
- Lunch (noon sharp) - individual prices may vary by menu selection, Group lunch \$6.00 per person, bag lunches (available with advance notice) \$6.00
- Dinner (6:00 p.m. sharp) - \$8.00

Please note: discounts no longer apply to meals

- None
- Please indicate if Vegetarian meals required - otherwise, regular (omnivore) selection will be served.
- Special Dietary requirements: *please specify*
- My first meal at the Station will be _____. My last meal will be _____.

Section F - Facilities and Equipment Requests

- Auditorium (seats approximately 75) \$100.00 per day
(Auditorium can be set up for workshop/meetings with tables for approximately 20/30)
- Conference Room (seats approximately 10 - 15) \$50.00 per day
- Multi-User Classroom (seats 20 lab style) \$7.00 per person, per day or \$35.00 per group, per day.
- Multi-Purpose Lab (approximately 6 users) \$7.00 per user per day, or \$35.00 per group per day.
- Lab/Bench space (\$7.00 Station Fee, with appropriate discounts applies)
- Dark Room \$25.00 per day (must have prior approval)
- GIS Lab (must have prior approval)
- Group tour fee for Profit Organizations is \$100.

(All of the above are at the main Station facility)

- Ranch Headquarters building, for meeting. (The main room seats approximately 20/30)

Equipment Request: *please check all requested equipment*

- Slide projector LCD Projector 4X4 Vehicle (upon availability)
- Overhead Chalk board ATV (upon availability)
- VCR Screen Phone*
- Television Flip Chart or Stand Internet hook-up*

**Telephone hook ups are available in certain cottages for long term visitors only. Internet access is also available for long term visitors, with your own appropriate computer equipment. Please specify if requested, and we will be glad to let you know who to contact.*

Please contact the Facilities Coordinator directly if you have questions or require something not listed on this form.

Signed _____ Date _____

<i>Office Use Only</i>	Staff Liaison/Contact
Date Received _____	Date Reviewed _____ Approved by Staff _____