

**Archbold Biological Station
Facilities Application**

*Please complete electronically and email to receptionist@archbold-station.org.
If completing by hand, please write legibly then fax to (863) 699-1927.*

Prerequisites for Researchers:

- 1) A completed Research Project Application must be approved and on file (full description of research project being conducting at Archbold).***
- 2) Researcher Visit Needs Application***

General Information

Principal Investigator (PI), Seminar Speaker (SS), Family/Friends (GV)

Name: _____ Email address: _____

Complete Mailing Address: _____

Telephone #: _____ Cell # (Required): _____

Graduate Student(s), if applicable

Name: _____ Email address: _____

Complete Mailing Address: _____

Telephone #: _____ Cell # (Required): _____

Date and Approximate Time of Arrival: _____

Date and Approximate Times of Departure: _____

Research Information (if applicable)

Please circle area of research interest (all that apply):

- [1] Avian Ecology [2] Herpetology [3] Entomology [4] Plant Ecology [5] Mammalogy
[6] Restoration Ecology [7] Agro-ecology [8] Lake Annie [9] Conservation Planning
[10] Other (Seminar Speaker, etc.) _____

Is this a one-time visit or part of an on-going research project? One time On-going

Billing Information

Will pay at time of visit—Cash, Check, Charge Cards accepted.

Need detailed invoice at end of visit to submit for payment to agency.

Facility Requests (check all that apply)

Meeting Rooms/Labs

Auditorium (\$120/day) Set Up Styles: Classroom (Tables needed) Lecture (seats up to 75)

Conference Room (\$60/day)(seats 10-13)

Multi-User Lab* (\$10/day/person) *Additional forms required to be filled out

GIS Lab (\$60/day) Must have prior approval Chemistry Lab (\$10/person/day)

Wireless Internet is available anywhere on the Main Campus

Vehicle Requests (requires approval and training; very limited availability):

4x4 Vehicle ATV Other _____

Accommodation Requests

No, I/we do not request lodging – ***\$8 Station Fee* per person per day still applies***

Yes, I/we request lodging

- Following rates plus \$8 Station Fee* per person/per day

(*Station Fees are to offset operating expenses such as utilities, wireless internet, housekeeping, etc.)

| Lodging (check all that apply) | Nightly Rate | Extended Stay Rate | Shared Rate (no further discount apply) |
|---|---------------------|-----------------------------|---|
| <input type="checkbox"/> Dormitory Bed (limited availability) | \$25 | 20% discount for 14+ nights | Does not apply |
| <input type="checkbox"/> One bedroom Cottage | \$50 | \$700/month | Does not apply |
| <input type="checkbox"/> Two bedroom Cottage | \$55 | \$800/month | \$750/month |
| <input type="checkbox"/> Three bedroom Cottage | \$65 | \$900/month | \$850/month |
| <input type="checkbox"/> Four bedroom Cottage | \$75 | \$1,000/month | \$900/month |

A 20% discount applies for a stay over 14 nights; a 40% discount applies for a stay of one month or more.

Meal Requests

No, I do not request meals

Yes, I request the following meals

Continental breakfast available between 7- 8:00 a.m. Monday through Friday

Lunch served promptly at 12:00 p.m. Monday through Friday

Please indicate any dietary restrictions: None Vegetarian Other _____

First meal at the Station: _____ Last meal at the Station: _____

Required Attachments to Facilities Application *(if not provided, could slow processing of application.)*

- Research Project Application –Step 1 (from Lab Director) _____ (Director's approval)
- Electronic copy of spreadsheet listing all individuals: Name, gender, ethnicity, nationality, email address, cell number if applicable, type of visitor (PI, assistant, post doc, graduate student or undergrad student), Degree and major working towards, Emergency Contract person with phone numbers.

Important Reminders

- ***An Archbold Expeditions Release of Liability form must be signed and returned to the Receptionist for each individual (can be done upon arrival).***

Office Use Only

Date Received _____ Date Reviewed _____ Assigned Staff Liaison/Contact Person _____

Approved by Staff Liaison/Contact _____ Office use only (charge to _____ cost center)

Notes/Comments _____ Approved by Executive Director _____