VISITING SCIENTIST APPLICATION FOR ACCOMMODATION AND RESEARCH FACILITIES

DOV 1 NAME AND CONTAC	TDETAILC	
BOX 1 – NAME AND CONTAC	I DETAILS	
Name:		
Title:		
E-Mail Address:		
Professional Affiliation		
Address (line 1)		
Address (line 2)		
Address (line 3)		
City/State/Province/Post Code		
Phone/Extension:		
BIOS or other Bermuda collaborati	on contact:	
or by e-mail - reservations@bios.as BOX 2: VISITATION DATES	dicta faire barrows	
First dates:	Departure	
Second	Departure	
Airline	Departure	
BOX 3: RESEARCH PROJECT		
Please provide a very short (2-3 s	entence) description of	the research project:
Course(s) of Funding		
Source(s) of Funding:		

BOX 5:	ACCOMPANY	ING PER	SONNEL							
		•	name, relationshi er' (please specify			chnicians or Gradu	ate S	Stu	dents	or
No.	Name				Relations	hip	Sex			
								$\underline{\underline{\mathbb{X}}}$	М, [F
1								<u> </u>	M, L	F
2								<u> </u>	M, L	F
3							l l	<u> </u>	M, [F F
5							L	<u> </u>	M, [<u>J</u> F ∃ F
6							<u> </u>	<u> </u>	M, [F
7								<u> </u>	M, [₹ F
					1			_		
BOX 6:				umber of r	ooms/apar	tments required in		bo	xes)	
		_ •	t (2 persons)			Rate: \$220 per da				
	2 bedroom	apartmen	t (3persons)	(3persons) Rate: \$285 per day						
Room	vith a private ba	throom								
KOOIII W	Single	iuuoomi.	Twin / Double		Triple	Rate: \$140 - \$235	ner	da	ıv	
Room w	rith a shared ba	throom:	TWIIT/ DOUBLE		Tilpic	κατε. φ140 - φ200	рсі	uι	ı y	
Troom v	Single	erir corri.	Twin / Double		Triple	Rate: \$92 - \$172 p	oer c	lay	7	
					1 1					
			ECT STAGING							
Rate: \$1	00 - \$300 per da	y (depend	ling on size). Plea	se estimat	e the bench	space/area requir	ed:			
Dlagge	lacarile a the a mace	anab aatir	ity and type of la	hamataurr a	m field mean	inamanta (thia will	hali		ıc in	
			ng area will be mo	-	_	irements (this will	nei	Pι	15 111	
	S WHEH IUDOIU	tory/stagii	ig area will be like) or surtupi	e for your n	iccus).				
BOX 8:	BIOS SEMINA	R SERIES	3							
Semina	rs are generally	given on T	uesday and Frida	y afternoo	ns. If you a	re willing to give a	sem	in	ar, pl	ease
	a preferred dat	0	•	-	-				•	
BOX 9	: HAZARDOU	S MATEI	RIALS AND WAS	STE						
Will yo	ou be using mat	erials whi	<mark>ch will generate I</mark>	lazardous	waste?					
☐ Yes	s NO ((please ticl	k a box)							
Visitor	s MUST make	arrangen	ents with BIOS	personnel	to register	the waste on our e	lecti	or	nic wa	iste
site and bear any cost of waste removal. Contact: facilities.mgr@bios.asu.edu										
NOTE	: A Safety polic	cy guide a	nd waiver are rec	quired to l	e read and	signed upon chec	k-iı	ı a	t BIO	<mark>S</mark> .

BOX 10: RADIOISOTOPES AND RADIOACTIVE TRACER LABS
Do you wish to use Radioisotopes while at BIOS Bermuda?
Yes NO (please tick a box)
Note: The maximum quantities of ³ H, ¹⁴ C, ³⁵ S and ⁴⁵ Ca are 10 mCi per investigator. The BIOS Radiation Safety Officer must give approval to importation of radioactive material at least 30 days prior to shipping date. BIOS requires advanced notification of arrival date, airline and airway bill number.
Please specify isotope and estimated amount/activity:
NOTE: A safety policy guide and waiver are required to be read and signed upon check-in at BIOS.
BOX 11: COLLECTING AND EXPERIMENTAL ACTIVITY
All collecting activity and experimental activities at BIOS are overseen by the <i>BIOS Collection and Experimental Ethics Committee</i> . The committee is responsible for the <i>Collection and Experimental Ethics Policy (CEEP)</i> and the Committee has the responsibility to evaluate and inspect the facilities of all scientists using animals for research or teaching, and to assure the humane handling, care, treatment, and transportation of the animal species.
If you wish to collect any biological specimens or conduct manipulative experiments in the field, you will have to fill in a 'Planned Collection and Experimental Manipulation Form' at least 1 month before your arrival and to turn the 'Planned Collection and Experimental Manipulation Form' into a 'Realized Collection and Experimental Manipulation Form' at the end of your stay. An electronic 'Read only' version of this form is available on the BIOS website or can be requested from BIOS. (leocadio@asu.edu).
If you wish to take any samples out of Bermuda (including extracted genetic material, biological fluids, mucus etc) you will require an Export Permit issued from the Bermuda Government Department of Environmental Protection (Ministry of the Environment). To get this you will need to fill out a 'BIOS Internal Request for an Export Permit Form'. An electronic 'Read only' version of this form is available on the BIOS website, or can be requested from the BIOS. (leocadio@asu.edu). You need to apply for this at least 1 month before the items are to be shipped out of Bermuda.
Some organisms i.e. corals, may also require a CITES permit. For details on how to obtain a CITES permit please read the <i>Collection and Experimental Ethics Policy (CEEP)</i> which is available on the BIOS website or contact BIOS (leocadio@asu.edu).
Do you wish to collect any biological material or conduct manipulative experiments in the field?
Yes No (please tick a box)
Do you wish to Export any biological material?
Yes No (please tick a box)
NOTE: If "NO" has been ticked in both fields, in lieu of the above documentation, you will be required to sign a statement verifying "no collecting/no exporting" upon check-in at BIOS.

BOX	12: EQUIPMENT LIST						
The following equipment, if available, may be used if requested with advance notice. Please use this list as							
a reference when you fill out the facilities and equipment schedule (see below) and/or tick the items on this							
	sheet. Visitors are responsible for any damages or loss incurred while equipment is signed out to them.						
Tick							
	Liquid scintillation counter (Packard U1600-405195)						
	Compound microscope; dissecting microscope; video microscope						
	High speed centrifuge; Bench top centrifuge						
	Freezer (0°C), Freezer (-70°C)						
	Plankton net (specify mesh and size)						
	Milli-Q Water (charges are levied for amounts used)						
	Aquaria with running sea water						
	Autoclave						
	SCUBA (tanks, belts and weights only available)						
	Technical or other staff assistance (please specify)						
Ħ							
A lim	ited supply of commonly used supplies i.e.(float-buckets, writing tablets, transects, etc), glassware						
	hemicals are available for purchase and/or use						
	e list your needs below and we will advise you on the availability and cost as requested:						
1 Icase	e list your needs below and we will advise you on the availability and cost as requested.						

BOX 13: FACILITIES & EQUIPMENT SCHEDULE

Please provide specific dates and times required for boat, truck or equipment. If due to conflicts with other BIOS users we cannot reserve your required time slot, minor changes will be made to your schedule to accommodate your needs and you will be notified for your approval

Date	Activity/Destination	Transport Needs	Start Time	Finish Time	Equipment and Supplies Needs
23/10/2007	Whalebone Bay	Small truck with driver	8:00 am	1:00 pm microscopes, dissecting dishes, float buckets, tablets etc.	

BOX 14: SCUBA DIVING
Do you wish to SCUBA dive or use boats?
SCUBA: Yes NO (please tick a box)
Boat Hire: Yes NO (please tick a box)
If the answer is 'Yes' to either of these questions you will need to contact the BIOS Dive Safety Officer
kyla.smith@bios.asu.edu or the Small Boats Manager Chris.Flook@bios.edu for information, forms, and
qualifications required.
BOX 15: ADDITIONAL INFORMATION
Please use this are to detail any additional information, needs, or requests