

**UNIVERSITY OF GEORGIA MARINE INSTITUTE**  
**PHOTO CHECK FORM: OTHER PURPOSE**

Dates of visit:                      Arrival:                                      Departure:

Primary contact name:

Address:    City:    State:                                      Zip:

Phone:    e-mail address:

Name of organization/institution:

Department (if applicable):

Reason for visit: *(Please check applicable boxes and provide brief explanation in space below.)*

<input type="checkbox"/> Workshop	<input type="checkbox"/> Business-related	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Contractor
<input type="checkbox"/> Teacher	<input type="checkbox"/> UGA	<input type="checkbox"/> Public outreach	

Brief explanation of reason for visit:

Number in group:                      Was this the groups initial visit to UGAMI?                      Yes                      No

Activities and locations on Sapelo:

**Billing information:**                      *billing info already on file*                      *UGA SpeedType:*

Billing contact:

Billing address:

City:    State:    Zip:

Billing phone:    e-mail:

***For office use only:***                      *UGA*                                      *USG*                                      *Other GA*                                      *Outside GA*

Housing:    Vehicle:    # of people    nights:

Invoice Numbers:    Total number of people:

GSAMS	Atlas Conf.	Auditorium	Clean Space	Wet Lab	Dry Lab	# Trawls
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