UNIVERSITY OF GEORGIA MARINE INSTITUTE INFORMATION FORM: RESEARCH

Dates of visit.		Arrival:		Departure:			
Primary contact	for visit (r	name):					
Contact informa	tion: Phone		Ema	il			
Contact informa	tion for da	y of trip: Name:		Ph	one(cell):		
Professor:							
Institution:			Departm	nent:			
P umber in party		***************************************					
Name of project	:						
Official PI of pro	oject:						
Is this funded?	Yes	No Funding s	ource:				
Is this a new pro	ject?	Yes No Yo	s this the group'	s initial visit to U	JGAMI?	Yes	No
Sapelo research permit # (if applicable):							
Activities and lo	cations 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 or	nly:	UGA	USG	Other GA		Outside GA	
Housing:		Ve	ehicle:	#	of people 1	nights:	
Invoice Numbers:	rs: To				tal number of people:		
GSAMS	Atlas Conf.	Auditorium	Clean Space	Wet Lab	Dry Lab	# Trawls	