

Researcher Registration Form

NAME: _____ DATE: _____

PICTURE ID CARD TYPE, STATE CONTROL NUMBER: _____

INSTITUTIONAL AFFILIATION: _____

NPS STATUS: _____

WORK ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

HOME ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CONTACTED PARK THROUGH: _____

RESEARCH PROJECT SUMMARY: _____

PUBLICATION PLANS (Publisher, Type of publication, and Date): _____

RESEARCHER DUPLICATION FORM NUMBERS: _____

OTHER SPECIAL REQUIREMENTS: _____

COLLECTIONS USED (Name and box number, Use reverse):