

Before submitting your request, thoroughly read our [Visitor Information page](#).

TO AVOID FONT ISSUES: DOWNLOAD THE FORM, COMPLETE & SAVE IT, THEN EMAIL IT TO HERPVISITS@SI.EDU

VISITOR INFORMATION FIRST NAME: _____ LAST NAME: _____

MOBILE #: _____ POSITION: _____ EMAIL: _____

INSTITUTION: _____ DEPARTMENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

VISITATION START DATE: _____ VISITATION END DATE : _____

IF YOU HAVE BEEN REGISTERED AS A VISITOR AT ANY SMITHSONIAN UNIT WITHIN THE LAST 12 MONTHS, LIST THE DATES:

STUDENTS ONLY ADVISOR'S NAME: _____ ADVISOR'S EMAIL: _____

TRANSPORTATION How will you get to the Museum Support Center (MSC) on the first day of your visit?

Shuttle from NHB*

Car

*Natural History Building @ 10th St & Constitution Ave NW, DC

EMERGENCY CONTACT FIRST NAME: _____ LAST NAME: _____

EMERGENCY CONTACT EMAIL: _____ EMERGENCY PHONE #: _____

VISIT INFORMATION MATERIAL TO EXAMINE: Alcohol Dry Formalin
Cleared & Stained Other: _____

PURPOSE OF VISIT

METHODS REQUESTED TO APPLY (photography, digitizing, measurements, dissection, clearing & staining, etc.):

TAXA TO BE STUDIED (attach an Excel spreadsheet, if necessary):

DO YOU REQUIRE SPECIAL EQUIPMENT DURING YOUR VISIT? (Dissecting scope, copy stand, camera, x-ray, e.g.)

DO YOU NEED TO EXAMINE TYPES? No Yes If "Yes", list the types you are requesting to examine:

REQUEST TO BRING SPECIMENS WITH ME: No Yes If "Yes", list each species, # of individuals/species, and their country of origin: