

American Museum of Natural History
DEPARTMENT OF MAMMALOGY
Visitor Registration Form

Name: _____ Title: _____
Department/Institution: _____
Address: _____
City/State: _____ Country / Postal Code: _____
Email: _____ Telephone: _____

Is this your first visit? YES NO (Give approximate date of last visit)
Date of last visit: _____

Are you a student? YES NO

Students must include a letter of support from their advisor, stating the student's experience working with museum specimens as well as past experience with the proposed research.

Proposed dates of visit: _____

Purpose of research and taxonomic groups to be studied:

Methods to be applied (e.g., photography, X-rays, digitizing, caliper measurement, etc.):

If you are planning to do any molding, casting, dissection or tissue sampling you are required to submit a destructive sampling application.

Please email this form and advisor's support letter (if required) to mammvisits@amnh.org. Click [here for instructions](#) on saving and emailing this form.