SWRS APPLICATION FORM

**Coleoptera Course: Beetle Morphology, Classification and Identification**

August 10 to 19, 2019

Southwestern Research Station (SWRS)

P.O. Box 16553

Portal, Arizona 85632

520-558-2396

**PLEASE FILL OUT THIS FORM, SAVE IT TO YOUR COMPUTER, AND MAIL IT AS AN ATTACHMENT TO swrs@amnh.org**

**Please note: Use the tab key to move from box to box.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | | | | | | | | | | | **Male** | | | |  | **Female** | |  |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | | **State:** | | |  | | | | **Zip:** | | |  | | |
| **Phone:** | |  | | | | | | **Email:** | | |  | | | | | | | | | | | |
| **Occupation:** | | |  | | | | | | | | | | | | | | | | | | | |
| **Educational Background:** | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Student** |  | | **Non-Student** | |  | | **Diet preference:** | | **Regular** | | |  | | **Vegetarian** | |  | | **No red meat** | | |  | |
| **Food allergies (if any):** | | | |  | | | | | | | | | | | | | | | | | | |
| **In the space below, please supply a short paragraph detailing the reason(s) for wishing to take this course:**  (If printing this application please use more space on the back or attached sheet) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **How did you hear about this course?** | | | | | | | | | | | | | | | | | | | | | | |
| **In case of an emergency, who should we contact?** | | | | | |  | | | | | | | | | | | | | | | | |
| Because the course is limited to 16 participants, persons not selected for this session are encouraged to apply again. **Applicants must be 18 years of age or older.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Please email application form to [swrs@amnh.org](mailto:swrs@amnh.org) or fax it to 520/558-2018, or mail it to:  Administrative Assistant, Southwestern Research Station, P.O. Box 16553, Portal AZ 85632. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Registration closes **May 1, 2019**. If mailed, applications must be postmarked **May 1** or earlier**. Applications shall be reviewed and acceptance notifications sent out in the month of May**. IF ACCEPTED, ALL FEES ARE DUE BY 18 JULY 2019. PLEASE PAY ALL FEES IN U.S. DOLLARS BY PERSONAL CHECK, CERTIFIED CHECK, OR MONEY ORDER. Due to greatly increased credit card transaction fees, we discourage the use of credit cards unless absolutely necessary. If you must use a card call the office 520-558-2396. Your assistance in helping us reduce these fees will be greatly appreciated. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Cancellation Policy: With more than 30 days’ notice from the start date of the course, all of your total fees will be refunded, except a $20 cancellation fee. With less than 30 days’ notice, none of your fees will be refunded unless we are able to replace you in the course with another participant. If we find a replacement, all of your fees will be refunded, except the $20 cancellation fee. Replacements are expected to pay all room and board and course fees upon acceptance to the course.** | | | | | | | | | | | | | | | | | | | | | | |