



IBP/UCLA Monitoring Avian Influenza in Landbirds - Registration Form 2009

I would like to participate in the IBP/UCLA Monitoring avian influenza in landbirds project.

Program (MAPS/MoSI/MAWS):

Location:

Number of stations:

Approximate number of captures per year (nearest 100):

Contact Details:

Last Name:

First Name:

Organization:

Address 1:

Address 2:

Address 3:

City:

State/Province:

ZIP/Postal Code:

Country:

Tel. No. (work)

Tel. No. (home)

Email:

Physical Shipping Address (if different from above but can not ship to PO Boxes)

For the attention of:

Address 1:

Address 2:

Address 3:

City:

State/Province:

ZIP/Postal Code:

Country:

Station Details

Please list all stations at which you will take samples. Provide geographic coordinates of banding station and the datum (if known). In North America the datum will be NAD83 (WGS84) or NAD27 and will be printed somewhere on a paper map (e.g. USGS topographic map) or available from the settings page of GPS unit. Other regions of the world may use a different datum.

Station	Latitude			Longitude			DATUM
	DD	MM	SS	DD	MM	SS	