LOCAL GROUP APPLICATION FORM (V. 2012)

NAME:______________________________________________________________

TITLE:____________________DEPARTMENT______________________________

Position:____________________________________________________________________

Telephone (Work): ___________________ Fax #_______________________
Email______________________________________________________________

Purpose of Visit:____________________________________________________________________

INTENDED MOVEMENTS:
ARRIVAL DATE AND TIME____________________________________________
DEPARTURE DATE AND TIME___________________________________________

ACCOMMODATION REQUIRED:
  FLAT Single occupancy □ FLAT double occupancy □# people___________
  EXECUTIVE FLAT □# people___________
  DORM ROOM □ # people___________ BEDSITTER □# people___________

CATERING SERVICE REQUIRED □ NONE □

LABORATORY FACILITIES REQUIRED: DRY LAB SPACE □
(SPECIFY)___________________________________________________________

WET LAB TABLE □ INTERNET ACCESS □Yes □ No
Type___________________________________________________________

DIVING FACILITIES NEEDED: SCUBA □ SNORKELLING □ BOATS □
□ Within the Bay, □ Outside D/Bay, specify

___________________________________________________________
Please use this form to list the names of the members of your group.

<table>
<thead>
<tr>
<th>Name</th>
<th>Staff /Student</th>
<th>Gender</th>
<th>Special Dietary Requirements</th>
<th>Diver Certification</th>
<th>Phone # to call in emergency</th>
<th>Official Use only Room #</th>
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SPECIAL DIET: VEGETARIAN DIET (V) WHITE MEAT ONLY (W) SALT FREE (S) DAIRY FREE (DF) LACTOSE FREE (LF) NO SPECIAL DIETARY NEEDS (NSD).