



**RESERVATION FORM**

PERSONAL INFORMATION <i>(All information is confidential)</i>			
NAME		LAST NAME	
INSTITUTION		COLLEGE/DEPT	
CITIZENSHIP		PASSPORT No.	
COMPLETE MAILING ADDRESS			
STREET / AVENUE / APARTMENT			
COUNTRY	STATE	POSTAL CODE	TELEPHONE
FAX	EMAIL		

RESEARCH PROJECT INFORMATION	
PRINCIPAL INVESTIGATOR	
PROJECT TITLE	
FUNDING SOURCES	

RESERVATION INFORMATION				
TOTAL PARTICIPANTS		RESERVATION DATES		TOTAL NIGHTS
RESEARCHERS	ASSISTANTS	DAY IN (mm/dd/yyyy)	DAY OUT (mm/dd/yyyy)	

**By signing below, the Researcher Agrees to:**

- The research project has been screened and approved by the Office of Research Compliance and Biosafety of Texas A&M University or US home institution
- obtain all the necessary research permits from Costa Rican authorities before arriving and provide a copy to the Soltis Center
- follow the Soltis Center’s guidelines and policies for research, conduct, risk management, lab management and safety.
- pay the amount due for Soltis Center fees and services provided no later than 30 days after the final invoice is issued.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_