

MoSI STATION REGISTRATION FORM

Date _____

Station Manager Contact Information

Name: _____ Title: _____

Affiliated Organization: _____

Address: _____

Phone: (Work) _____ (Home) _____ (Fax) _____ Email: _____

Secondary Contact _____

Phone: (Work) _____ (Home) _____ (Fax) _____ Email: _____

Station Information

Location Code: _____ Station Code: _____ (Pick up to 4 letters for each; Codes may be the same)

Station name: _____

Funding Source(s): _____

Land ownership: _____

Nearest Town: _____ State/Province: _____ Country: _____

Latitude (Decimal Degrees): _____ Longitude (Decimal Degrees): _____

Mean Elevation (m): _____ Approx. size of study area (ha): _____

Habitat description (e.g. mature primary forest, 2nd -growth woodland at edge of town, shade coffee plantation):

Station Operation

Number of 12-m mist nets:

Number of pulses station is expected to be operated:

If less than 5 pulses are run, indicate which month station will be operated:

Number of days of operation per pulse:

Is part of a "superstation" (i.e., is there another station < 1 km away in similar habitat)?

Any special circumstances (can attach explanatory letter)?

Please include a map showing the position of the station relative to nearby towns, major roads, and geographic features.

If you have questions, please contact Steven Albert salbert@birdpop.org.