

MoSI STATION REGISTRATION FORM

Season (e.g. 2015-16) _____

Station Manager Contact Information

Name: _____ Title: _____
Affiliated Organization: _____
Address: _____
Phone: (Work) _____ (Home) _____ (Fax) _____ Email: _____

Additional Station Operator Contact Information

Name: _____ Title: _____
Affiliated Organization: _____
Address: _____
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: _____ Longitude: _____ (degrees, minute, seconds, to nearest second)
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):

Target Species (expected):

First pulse of operation (expected): Month: _____ Year: _____

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.