



Humboldt Field Research Institute
PO Box 9, 59 Eagle Hill Road
Steuben, ME 04680-0009
Phone: 207-546-2821, Fax: -3042
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www.eaglehill.us

Application for Eagle Hill Seminars and Workshops Held at the Institute

Note: A separate form needs to be filled out by each participant or guest. We need a complete address, with a street #, PO Box #, Zip+4, postal code, etc.

Full Name _____ M / F _____ Age _____

Address

City _____ State/Province _____ Zip/Postal code _____

Soc. Sec. # _____ E-mail _____
Please print clearly!

Phone # (day): _____ (evening): _____

alumnus(a) first time applicant

I would like to participate in the following ____ seminar(s):

Title _____

Instructor(s) _____ Dates _____

Title _____

Instructor(s) _____ Dates _____

Alternate choice: _____

Instructor(s) _____ Dates _____

A few brief and thoughtful statements about yourself are an essential part of your application. Please answer all questions frankly and completely. Details are essential for planning purposes and are appreciated both by the instructors and staff.

* What are your specific interests, goals, and expectations for the above seminar(s)?

* Which of your experiences, classes, or interests are related to the above programs? What is your current career or career interest and institutional affiliation?

* Residential preference, if possible:

- | | |
|--|--|
| <input type="checkbox"/> classroom bldg (w/ lounge) 2x | <input type="checkbox"/> simple cabin 2x |
| <input type="checkbox"/> cabin 2 or 3x | <input type="checkbox"/> tent site |
| <input type="checkbox"/> lodge (w/ lounge) 2x | <input type="checkbox"/> commuter |

Do you have any personal habits, preferences, or concerns that you would like us to consider when assigning roommates?

Do you smoke _____ or snore _____? Please be frank. There are various residential options.

* Meal plan choice:

- full meal plan (required for residents)
 commuter meal plan (lunches and Sunday dinner required; other meals by arrangement)

Do you have any special dietary requirements or food allergies we should be aware of?

- I do not have any significant dietary restrictions
 I am a strict vegetarian
 I am a "vegetarian," but I do occasionally eat
 cheese eggs chicken fish shellfish other animal products: _____
 I have the following special dietary requirements/allergies:

* Are you fully able to participate in field trips, some of which may involve hiking over rough terrain? Please indicate any concerns you might have and how we might be able to help you. Information about field trips for seminars is available (please inquire).

* Do you have any special medical conditions we should be aware of?

- * Are you requesting a general discount? Only one of the following may be requested.
 - Institute alumnus(a) of
 - 1 previous seminar (10%); 2 or 3 seminars (15%); 4 or more seminars (20%).
 - University student (10%)
 - couple (10%)
 - group (10%)
 - I am a graduate student currently enrolled in a Latin American university.

If you are a student, please list your university or college. If you are an alumnus(a), please list seminars you have attended:

- * Are you requesting a general scholarship? Scholarships range from 10 - 50%. The number of scholarships is limited. Why do you think you merit and need an award? How much are you requesting? Would you consider a work-study arrangement?

- * Would you like to earn university credits? Graduate or undergraduate credits? How many credits? From 1-2 credits are available for most seminars. A special application form is available from the Institute during the seminar. There is an application fee.

- * Would you like to earn 4.5 continuing education units (= 3.0 recertification credits)? A special application form is available from the Institute during the seminar week. There is an application fee.

- * Sponsoring organization or agency information. Each agency form should have name of participant and seminar title, instructor, and dates.

Full payment is not due until you arrive for the seminar. I will be making payment for the seminar costs (tuition, meals, accommodations, other fees) with:

- check or credit card
- one combined purchase order or authorized training form
- several separate purchase orders or authorized training forms

- * Are you interested in possibly carpooling if someone inquires? yes no
 If yes, from the Bangor airport, or from: _____

- * Other pertinent information, comments, questions, etc., are welcome!

- * Name and phone number in case of emergency:

A deposit payment of \$100 is required to register my application and save my place in the seminar.

I am faxing a copy or emailing a pdf of a purchase order to cover the deposit payment

I will make the required deposit payment through the secure server (Once you submit this application, you will be given the option of going to the secure server to make this payment)

I understand that during my stay at the Humboldt Field Research Institute, reasonable efforts will be made to assure my comfort and safety both at the Institute and in the field. I recognize my own responsibilities in this regard. Full details on liability are available.

Signed _____ Date _____

For more information, please write or call ...

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