

SAN LUIS OBISPO COUNTY ARCHAEOLOGICAL SOCIETY (SLOCAS)

REGISTERED RESEARCHER FORM

Name _____

Affiliation _____

Address _____

City, State Zip _____ Phone/Fax _____

E-mail _____

Subject of Research:

Research Focus as it relates to SLOCAS:

Please attach a resume or a curriculum vitae to this form for approval.

Access to the collections for purposes of research is only by approval and by appointment only. Projects requiring collections volunteers for research or other assistance may be subject to charges for these services.

The researcher must reimburse all costs plus a handling fee incurred by the archive in filling requests of researcher, for example, photographing objects, making negatives etc. In addition, individuals using the archive material for a commercial project will be charged a use fee (see our Fee Schedule).

Registered Researchers agree to reimburse the archive for collection use as determined by the Curation Committee. Any use of this information for commercial purposes is subject to renegotiating before release from archive is granted.

Registered Researchers, who are also students, must provide a copy of a current student identification card, as well as a statement from a faculty sponsor, that supports the research effort.

Registered Researchers also agrees to provide SLOCAS with a copy of any research that is the result of work with our collections.

I have read and agree to the above. I agree to pay a \$50.00 yearly fee to maintain my status as a Registered Researcher. Student Registered Researchers may have the fee waived if the required information is provided.

Signature: _____ Date: _____