



AMERICAN
MUSEUM'S
NATURAL
HISTORY



The Division of Paleontology

Visitor Arrival Form

Name: _____

Affiliation & Position: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Home Address: _____

Collection(s) Visited (check collection):

Fossil Amphibians, Reptiles, & Birds Fossil Fish

Fossil Invertebrates Fossil Mammals

Purpose of Visit: _____

Duration of Visit: _____

▶ Sign in: _____ Date: _____

▶ Sign out: _____ Date: _____

By signing this form, you confirm that you agree to abide by the conditions set out on the attached sheet.

▶ Chairman or Curator signature _____