

Name:		
Mailing	g Address: (Including a street address for shipping)	
Phone	Number:	
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Enter v	your purchase order number, if you have one:	
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Please	specify below the species, populations, and number of maternal lines you are requesting:	
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enter y	e space below for any special instructions (e.g. a different invoice address). Non-US clients, plea your VAT or tax exempt number. Indicate the source of funding for your research and the name ncipal Investigator.	
Check t	the box below to indicate that you agree to the following terms:	
	<ul> <li>I agree to the <u>Project Baseline payment terms</u></li> <li>I agree to <u>acknowledge Project Baseline and the National Science Foundation in any publication arising from the use of this material.</u></li> <li>I release the Project Baseline and its hosting and sponsoring institutions from any liability associated with the use of this material.</li> </ul>	

<sup>&</sup>lt;sup>1</sup> This form was developed for the purpose of this proposal and will be used when we solicit proposals to use the collection in 2018.