



**OPTICAL MICROSCOPY & IMAGING IN THE BIOMEDICAL SCIENCES**  
**October 7 – October 16, 2008 at the Marine Biological Laboratory**  
**Admissions Application Form – Deadline: June 27, 2008**

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Family Name: \_\_\_\_\_ First or Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please indicate preferred salutation:  Mr.  Ms.  Miss  Mrs.  Dr.

Are you a U.S. Citizen or Perm. Resident of the U.S.?  Yes  No If no, Country of Citizenship \_\_\_\_\_

**INSTITUTION ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Best Mailing Address:**  Institution  Home

**CURRENT PROFESSIONAL INFORMATION**

Primary Institutional Affiliation: \_\_\_\_\_

Professional Status:  Graduate (specify expected degree: \_\_\_\_\_)  Postdoctoral (degree year: \_\_\_\_\_)

Faculty  Principal Investigator  Facilities Manager  Technician  Librarian  Library Administrator

Hospital Administrator  Practicing Physician  Other (specify: \_\_\_\_\_)

How did you learn about this course? \_\_\_\_\_

If you have previously applied to or attended an MBL course, please name the course, year, and status:  
\_\_\_\_\_

**OPTIONAL INFORMATION**

Gender :  Male  Female

If you are a member of an under-represented minority in science, please indicate below:

(for U.S. Citizens and Permanent Residents only):  African American  Hispanic  Native American

**REQUIRED ATTACHMENTS**

- **Provide a statement of your reasons for wanting to take this course.** Describe information obtained in this course that will be important for your work or research program.
- **Provide a brief statement of your previous experience** with the subject matter of this course.
- **Provide a brief description of your research.**
- **Enclose a copy of your curriculum vitae.**
- **If you plan to bring your own samples to the course, please provide a description of them.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Carol Hamel, Admissions Coordinator, Marine Biological Laboratory, 7 MBL Street, Woods Hole, MA 02543-1015.