

**ICP**<sup>®</sup>Institut Català de Paleontologia  
Miquel Crusafont**COLLECTIONS INQUIRY  
FORM**

|   |             |                     |
|---|-------------|---------------------|
| <b>Name and surname(s):</b>   |             |                     |
| <b>Position and Institution:</b>  |             |                     |
| <b>Country:</b>   |             |                     |
| <b>Address:</b>   |             |                     |
| <b>e-mail:</b>  |             |                     |
| <b>Phone num.:</b>  |             |                     |
| <b>Starting date:</b>   |             | <b>Ending date:</b> |
| <b>Goal of the inquiry (Taxonomic group, paleontological specialization)</b>                                    |             |                     |
| <b>Box</b>  | <b>Site</b> | <b>Observations</b> |
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|   |             |                     |
| <i>This form must be properly fill in and delivered to the collections responsible before leave the center.</i> |             |                     |
| <input type="checkbox"/> I accept the inquiry regulation of the center.   |             |                     |
| <b>Sign,</b>  |             |                     |
| Date:   |             |                     |

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| <b>Audiovisual recording inquiry</b>   |
| Photos to take:  |
| IPS-   |
|  |
| <i>This form must be properly fill in and delivered to the collections responsible BEFORE TAKING PHOTOS AND/OR MEASUREMENTS.</i> |
| <input type="checkbox"/> I accept the audiovisual regulation of the center.  |
| <b>Sign,</b>   |
| Date:  |

**Surface 3D model generation inquiry**

IPS-

Generated surface 3D model (obtained by photogrammetry, laser-scanning, white light, or by any other means) cannot be shared with other institutions or researchers without the written consent of the ICP.

*This form must be properly fill in and delivered to the collections responsible BEFORE TAKING PHOTOS FOR PHOTOGRAMMETRY OR ANY OTHER MEANS WITH THE PURPOSE TO GENERATE 3D MODELS*

I accept the audiovisual regulation of the center.

**Sign,**

**Date:**