

**Southwest Fisheries Science Center**  
**Protected Resource Division**  
Emergency Contact and Personal Information Form  
2009 Research Cruises

<b>SCIENTIST'S NAME</b>	
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**EMERGENCY CONTACT INFORMATION**

Name	
Relationship	
Address	
City, State (Province), Zip	
Phone	
Cell phone	
Email	

**DIETARY PREFERENCES (mark one)**

No dietary preference	
Prefer vegetarian	
Strict vegetarian	
Comments	

Please note that the ship will make every effort to accommodate dietary preferences; however, ports are often remote and food options limited. We request your flexibility and understanding while aboard the ship.

**ALLERGIES (please list allergy and reaction)**

Allergy 1	
Allergy 2	
Allergy 3	

**PASSPORT INFORMATION**

Passport Number	
Expiration Date	
Place Issued	
Country of Issuance	
Date of Birth	
Citizenship	