

USE THIS FORM TO GATHER INFORMATION FOR INPUT INTO ARIS/AIMS:

AGREEMENT CONTACT DATA

ARS LOCATION:	AGREEMENT TYPE: Choose One:	
ACCESSION NO.:	RESEARCH PROJECT NO.:	
	START DATE:	END DATE:
PROJECT TITLE:		

ARS INFORMATION

NAME OF ARS ADODR: _____
(ARS Scientist)

ADDRESS OF ADODR: _____

PHONE NO.: _____ FAX NO.: _____ Email Address: _____

COOPERATOR'S INFORMATION

COOPERATION WITH: _____
(Organization/University/Corporation)

ADDRESS: _____

NAME OF COOPERATOR'S DESIGNATED REPRESENTATIVE _____
(Cooperator's Scientist)

ADDRESS OF ADODR: _____

PHONE NO.: _____ FAX NO.: _____ Email Address: _____

NAME OF AGREEMENT CONTACT PERSON _____
(Administrative Official)

ADDRESS WHERE AGREEMENT SHOULD BE SENT: _____

PHONE NO.: _____ FAX NO.: _____ Email Address: _____

Will Cooperator's employee(s) be working in an ARS-owned facility? Yes No

ALSO NEED: AD-700 (outgoing agreements only)