

## **Archaeological Services – Conservation Field Services**

<b>Personal Information</b>	ı				
	☐Miss	☐ Mrs.	☐ Ms.	☐ Mr.	☐ Dr.
First Name:					Province/State:
Last Name:					Country:
Organization:				<u>—</u>	Postal/Zip code:
Title/Position:					Web Site: (if applicable):
Address:				_	Telephone:
					Fax:
City:					E-mail:
Organization Type (see Client	t Categories	on the CC	I Web site)	):	
Request Information					
Artifact owner / custouran	i/ ieposito.	iy iiiioiiii	.ati011		
Province/Territory issuin	g permit:				
Site – Site name:				_ Bord	len number:
Type of site (Thule, Dorse	t, Fur-trac	le, etc.):_			
					nit holder:
					entists, university or museum staff including conservators,
D					
					mated number of artifacts:
Materials likely to be reco	overed (e.g	g. bone, iv	ory, woo	d, metal	(iron, copper, lead), skin, leather, textile, etc.):
Environment of site:  ☐ other (please specify):_	□ dry	□ wet	: 🗆	waterlog	ged □ submerged □ frozen
					material from this site; this could include an expectation of larger vation, unusual materials such as rubber or plastics, etc.):





## Archaeological Services – Conservation Field Services (con't.)

-Request Information (con't.)—			
Project Details			
Project description (aims and objective	s of project):		
Conservation requirements (e.g. on-site	e conservation, informal trai	ning, field school, block lift	s, etc.)
Relevant publications/reports/Web sit	tes:		
Significance			
What is the significance of the site? (A	ttach copies of pertinent liter	ature or documentation.) _	
Purpose of Request			
Describe the anticipated benefits and u	uses of the results of this serv	rice:	
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<b>Key Request Dates</b>			
Date on-site conservator required:	From:	To:	
You may attach supporting documents	s or images		



