



# Material Transfer Agreement

## Living Collections Access and Distribution Form

(Form must be returned for approval at least one week prior to proposed collection date)

### User Information (To be filled out by or on behalf of primary user)

Today's Date: _____	Proposed Date of Collection: _____	
Name: _____	Telephone #: _____	
Position: _____	Email Address: _____	
Organization: _____		
Mailing or shipping address: _____		
_____		
_____	_____	_____
City	State/Country	Zip
FedEx Account # (if applicable) _____		

### Collection use:

**Project Description** (please attach an addendum if needed)

**Please note any additional requirements/requests for collection or shipping:**

### Use/Project Type (check one or more box)

- |   |   |
|---|---|
| <input type="checkbox"/> Breeding/Hybridization | <input type="checkbox"/> Propagation            |
| <input type="checkbox"/> Conservation Research  | <input type="checkbox"/> Research (other) _____ |
| <input type="checkbox"/> Horticultural Display  | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Horticultural Research | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Molecular Research     |   |

**Is there an intent to commercialize?**  No  Yes (if yes, this will serve as a conditional agreement, with a new agreement drawn up for commercial use)

### Plant Records Staff Use Only

<b>Source Number:</b> _____	<b>Shipment Number(s):</b> _____
<b>Date entered:</b> _____	<b>Staff Contact:</b> _____

