



COLLEGE OF

Agriculture & Life Sciences



GUEST FACULTY/LECTURER/RESEARCH MENTOR AGREEMENT and PAYMENT FORM

PLEASE COMPLETE THIS FORM BEFORE TEACHING AT SML, AND RETURN TO: Christine Bogdanowicz. POSTAL MAIL: Shoals Marine Laboratory, G-14 Stimson Hall, Cornell University, Ithaca, NY 14853 / FAX: 607.255.0742 (QUESTIONS? Contact Christine at: (607) 255-3851 or ccb5@cornell.edu. Please keep a copy of this form for your records!)

Thank you for your interest in contributing to the academic program at Shoals Marine Laboratory on Appledore Island. **All Guest Lecturers/Mentors MUST MAKE BOAT RESERVATIONS for themselves (and guests, see below) IN ADVANCE.** Maps, directions to Portsmouth, NH, instructions, and manuals can be found on-line at: <http://www.sml.cornell.edu>
To make reservations, contact Coastal Coordinator, Pam Boutilier at (603) 430-5220 or shoals-lab-east@cornell.edu

Guest Lecturers are also invited to read SML's *Faculty Manual* (http://www.sml.cornell.edu/sml_forthefaculty.html). The *Faculty Manual* includes information about policies and island life. Please see the *Manual* and/or contact SML about bringing guests to SML. If applicable, an invoice for guest payments will be sent from Cornell to the address below, after your trip.

Name: _____

Guest name(s) and date(s) of visit: _____

Permanent Mailing Address:* _____

Phone (include cell) and e-mail: _____

Your Home Institution: _____

Lecturing in program(s): _____

Planned arrival/departure dates: _____

Much of our ability to offer a high-quality, educational experience to our students is due to the generosity of volunteer lecturers. If you are able to donate your time and/or your transportation, you will be making a significant contribution to the success of the SML program. Please check the appropriate statement(s).

_____ I wish to WAIVE my compensation for teaching at SML – THANK YOU!

_____ I wish to WAIVE any reimbursement for travel to SML – THANK YOU!

_____ I wish to RECEIVE compensation (\$100/day; not to exceed 5 days)

_____ I wish to RECEIVE travel reimbursement (up to \$100/trip/not to include parking). Follow the instructions below.

TO RECEIVE A TRAVEL REIMBURSEMENT FROM SML, A TRAVEL REIMBURSEMENT FORM MUST BE SUBMITTED AFTER TEACHING AT SML. DOWNLOAD THE FORM, AND SEND WITH ORIGINAL RECEIPTS TO THE ADDRESS ABOVE. Only Guest Faculty/Lecturer/Research Mentor travel will be reimbursed, no guest expenses will be covered. (Please keep a copy of your form, and your receipts for your records!). *This address will be used to mail your payments.

Social Security number: _____ (required ONLY if compensation requested above)

As a Guest Lecturer/Research Mentor at the Shoals Marine Laboratory, I understand that Cornell University ("Cornell") and the University of New Hampshire ("UNH") do not provide me (or my guests) with accident or medical insurance, and are therefore not responsible for any accident or medical expenses incurred by me or by my guests. Further, I understand that I am neither covered by Worker's Compensation nor entitled to employee benefits (this includes my guests as well). I, on behalf of myself and my heirs, and my representatives do hereby release, indemnify and hold harmless Cornell and UNH or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that normally would be covered by such insurance policies or employee benefits.

I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will.

Signature _____

Date _____