

**Individual Application**  
**The INSTAP Study Center for East Crete**

1. Name of Applicant \_\_\_\_\_

DATE: \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Telephone \_\_\_\_\_

4. E-mail \_\_\_\_\_

5. Institutional Affiliation \_\_\_\_\_

6. What are the dates that you would like to use the Center? Please be as specific as possible.

\_\_\_\_\_

7. Will anyone else be working on this project with you at the Center? \_\_\_\_\_

If so, who? (They must also apply.) Attach a separate sheet, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In the space provided below, please write a brief description of your project or research and why you wish to use the facilities at the INSTAP Study Center for East Crete. Attach a separate sheet, if necessary.

9. What services, facilities, and equipment will you utilize? Please answer either "yes" or "no" below. If "yes", then supply the additional requested information.

A. Do you need exterior strewing space (including washing/drying space for objects)? \_\_\_\_\_

If so, please estimate the number of tables you will need (each table has a surface area of ca. 1.8 X 0.6 meter) \_\_\_\_\_

B. Will you need interior work space (for strewing, cataloguing, and/or artwork) \_\_\_\_\_

If so, will one table be sufficient? \_\_\_\_\_

C. Will you need shelves or lockers (for your work)? \_\_\_\_\_

D. Do you anticipate using the Computer Laboratory? \_\_\_\_\_

If so, will you use your own computer, or one at the Center? \_\_\_\_\_

Which software/applications will you need to run on the Center's machine?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Please contact the Director of the INSTAP Study Center for East Crete to be sure that we have the software/application that you need. If not, it may be possible to get it and install it on a machine.

E. Do you know the dates (or approximate dates) that you might need a photographer?

\_\_\_\_\_

If you plan to use the photographer at the Center, what types of materials will you need to photograph? \_\_\_\_\_

\_\_\_\_\_

F. Will you need to use the services available through the Conservation Laboratory? \_\_\_\_\_

If yes, what dates will you need conservators available? (Please be as specific as possible)

\_\_\_\_\_

What types of materials will you need the conservators to work on? \_\_\_\_\_

\_\_\_\_\_

Do you know of any special supplies they will need or special techniques that they should be able to perform in order to accomplish the tasks you will set for them? (If necessary, attach extra sheet)

\_\_\_\_\_

\_\_\_\_\_

G. Will you use the Drafting Room? \_\_\_\_\_

Will your project or research require use of Autocad and/or the digitizing equipment?

\_\_\_\_\_

If so, for what dates do you need this equipment? \_\_\_\_\_

Do you need flat drafting tables? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Do you need to use the adjustable drawing tables? \_\_\_\_\_

Will you need flat storage space for your drawings? \_\_\_\_\_

**H.** Do you wish to use the Library? \_\_\_\_\_

If so, is there any bibliographic material that is essential to your research? If you need to know whether the library holdings include any specific works, please list them below. We will let you know if these works are available at the Center. If not, it may be possible to order it/them for you. Attach a separate sheet, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10.** Please indicate any lengthy periods of time that you anticipate being absent from the Center during the dates of your tenure. This information can possibly be used to help you avoid paying unnecessary fees.

\_\_\_\_\_

**11.** Please indicate any permits that have been requested from the Archaeological Service for study of material stored in the Center or in regional apothekes. The Center will need to have a copy of these permits before you can begin work.

\_\_\_\_\_  
\_\_\_\_\_

**12.** If you are not a director of a project, do you have permission from the appropriate director/s for the study of material from specific sites? \_\_\_\_\_

The Center must have a copy of the letter/s from the appropriate director/s giving you permission to study the material before you will be allowed to work. The letter/s should indicate the levels of access you are to be given (specific artifacts or classes of artifacts, project records, project supplies stored at the Center, etc.). It should also indicate whether any artifacts or records are for inspection only, or if you are able to photograph, draw, or reproduce them in any way.

**\*\*\***If you have any questions concerning this application form or the INSTAP Study Center for East Crete, contact the Director at the address below.

**\*\*\*Please return the completed application form, by mail, fax, or e-mail to:**

Director  
INSTAP Study Center for East Crete  
PO Box 364, Pacheia Ammos

Ierapetras 72200  
Crete  
GREECE

Tel. +30-28420-93027  
Or +30-28420-93029  
FAX +30-28420-93017  
[tombrogan@instapstudycenter.net](mailto:tombrogan@instapstudycenter.net)  
[eleanorhuffman@instapstudycenter.net](mailto:eleanorhuffman@instapstudycenter.net)

\*\*\*Please send the Director of the INSTAP Study Center a copy of your project's permit when it is available.

\*\*\*You will receive notification from the Director stating whether or not your request to use the INSTAP Study Center for East Crete is approved.

\*\*\*All members of the INSTAP Study Center for East Crete **must** complete a Membership Form and abide by the INSTAP Study Center Work Rules and Policies, which can be found on our website at: [www.instapstudycenter.net](http://www.instapstudycenter.net). Please email the completed Membership Form to [eleanorhuffman@instapstudycenter.net](mailto:eleanorhuffman@instapstudycenter.net) and [elizabethshank@hotmail.com](mailto:elizabethshank@hotmail.com).

*Thank you for your application!*