



Contact Information

Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

BioControl (BC) Release Information

Date Released: _____

Insect stage at release _____

of insects received: _____

Field cage Size: _____

Est. # of fireweed plants in cage: _____

Location of field cage (GPS Coordinates): _____

No. of field cages: _____

No. of insects released per cage: _____

Intended land use: _____

If you have any questions or concerns please contact:
 Mark S. Thorne @ 808-887-6183 thronem@hawaii.edu
 Or
 Melelani Abran @ 808-887-6183 mabran@hawaii.edu