

SIPES LISTING FOR CONSULTING GEOPHYSICISTS

1. NAME: _____
2. ADDRESS: _____
3. CITY: _____ 4. STATE: _____ 5. ZIP: _____
6. TELEPHONE: _____ 7. FAX: _____ 8. E-MAIL: _____

**AREAS OF EXPERIENCE (GEOLOGICAL PROVINCE, STATE, COUNTRY, ETC.)
IN WHICH YOU WOULD BE AVAILABLE FOR CONSULTING:**

SPECIALTIES:

SEISMIC

FIELD DESIGN yes _____ no _____ SEISMIC FIELD SUPERVISION yes _____ no _____

SEISMIC PROCESSING yes _____ no _____ SEISMIC INTERPRETATION yes _____ no _____

SEISMIC MODELING yes _____ no _____ OTHER _____

WORKSTATION EXPERIENCE

GEOQUEST _____ LANDMARK _____ SEISMIC MICRO-TECHNOLOGY _____

PHOTON/SEIS-X _____ OTHER _____

DO YOU HAVE A WORKSTATION yes _____ no _____; IF SO, WHICH: _____

OTHER GEOPHYSICAL DIVISIONS

GRAVITY yes _____ no _____ MAGNETICS yes _____ no _____ FIELD WORK yes _____ no _____

INTERPRETATION yes _____ no _____ GEOCHEMISTRY yes _____ no _____

REMOTE SENSING yes _____ no _____ OTHER _____

ARE YOU FLUENT IN ANY LANGUAGE(S) OTHER THAN ENGLISH? _____ IF SO, WHICH LANGUAGE(S)?

WOULD YOU PROVIDE EXPERT WITNESS TESTIMONY? _____

ADDITIONAL COMMENTS: _____

I authorize SIPES to post this information on the SIPES website

Signature: _____

Your data will not be posted on the SIPES website without written permission