

2010-11 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