

Chamber Request Form

College of Ag Plant Growth Center

Return to Rob Eddy, 1139B HGRH, Nolan Shumway, 1-315 LILY, or Bradford Redding, SO30 WSLR

Your Name _____ E-mail _____

Faculty Approval Signature _____ Account No: _____

If requesting a chamber. brief description of why a chamber is needed rather than greenhouse:

Date needed: _____ Duration of experiment: _____

Note: 6 months is maximum allocation, after which renewal required by submitting new form.

Type and number of chamber(s) requested:

Hort Greenhouse

- Convicon E8
(8 ft²) \$1.44/day
- Convicon E15
(15 ft²) \$2.70/day
- Teaching Percival
(19 ft²) \$1.08/day

Lilly Service Room

- Convicon E15
(15 ft²) \$2.70/day
- Convicon PGR-15: good
for high light or low-temp
(15 ft²) \$2.70/day

Whistler

- Percival AR-75L
(19 ft²) \$2.28/day
- Other chamber
6-cents/square foot /day
- Light rack
3-cents/square foot/day
- WSLR greenhouse
6-cents/square foot/day

Required environmental conditions:

Day temp. °C _____

Night temp. °C _____

Relative humidity _____

Length of light period, hr _____

Length of dark period, hr _____

Light intensity desired if not maximum*: _____ $\mu\text{mol}/\text{m}^2/\text{sec}$

Outdoor simulations such as ramping of temperatures/lights for sunrise/sunset: _____

Other special requirements _____

I understand policies of the Center: yes _____ no _____ (If no, link to web page will be emailed to you)