

REPORT OF FOREIGN VISITOR(S) AND/OR LECTURER(S)

FULL NAME (REQUIRED FOR ALL VISITORS/LECTURERS)				DATE OF BIRTH		
First	Middle	Last		Month	Day	Year
PLACE OF BIRTH				PASSPORT NO.		
City	Country		Issuing Passport Country			
TITLE/POSITION				GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
EMPLOYER/SPONSOR				TELEPHONE		
ADDRESS						
CITIZENSHIP			COUNTRIES OF DUAL CITIZENSHIP (if applicable)			
COUNTRY OF RESIDENCE			NATIONAL ID NO (if applicable)			
DATE(S) OF VISIT (Not to exceed 3 days or length of conference)						
NIST HOST(S) (Name, extension, email)				ORGANIZATIONAL CODE NUMBER		
SUBJECT OF VISIT OR TITLE OF LECTURE(S)						
ROOMS/BUILDINGS TO BE UTILIZED						
REPORT PREPARED BY			TELEPHONE EXTENSION		DATE	
FOLLOWING REQUIRED FOR LECTURERS ONLY						
LECTURERS ONLY - GIVE BRIEF BIOGRAPHY						
LECTURE FEE		TRAVEL			PER DIEM	
\$		\$			\$	
RESPONSIBLE TECHNICAL STAFF MEMBER		TELEPHONE EXTENSION	ORGANIZATIONAL CODE NUMBER		DATE	
DIVISION CHIEF (NAME AND SIGNATURE)			OU APPROVAL (NAME AND SIGNATURE)			
APPROVED - OFFICE OF INTERNATIONAL AND ACADEMIC AFFAIRS (NAME AND SIGNATURE)					DATE	

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ADMINISTRATION/IPSG ELECTRONIC FORMS