

Name of requestor:

Request Number: Reviewed: Approved: Assigned:

[Name(s)]

Request for DIS Training/Exhibit

Thank you for requesting a trainer/exhibitor from the Division of International Services (DIS). In order to facilitate review of your request, please complete this questionnaire. Please submit this form at least <u>four (4) weeks</u> in advance of the proposed date of the event. The DIS will strive to honor the requested date, but may need to propose an alternate date if conflicts arise.

SPECIAL NOTE: Due to the time needed to prepare for our annual Immigration Conference, the DIS will be unable to provide customized training from April 1 to May 31. However, we encourage your attendance at our annual conference, as most sessions should meet your needs.

Position/Title of requestor:	
Institute/Center:	
Today's date:	
Please provide the following informa	tion about the training or event:
1) Type of event (specify if you are requesting a DIS trainer or exhibitor for the event):	
2) Purpose of request (specify the	ne elements you would like for DIS to cover):
3) Location of event (include ad	dress, building and room number):
4) Anticipated number of attended	ees:
5) Type of attendees (e.g. Visiting	ng Fellows, FTEs, Administrative Officers, Principle Investigators, etc.):
6) Date(s) of event:	
7) Time(s) of event (specify beg	in and end times, e.g. 4:00 PM - 5:00 PM, or number of hours allotted):
Additional requests / comments:	
Please provide us with a contact	within your IC in charge of coordinating this training or event request:
Name:	
Title:	
Phone number:	
Building/Room number:	
Email address:	
Email OR Fax form to:	The Customer Service Team Division of International Services/ORS (301) 496-6166 Fax (301) 496-0847 dis@mail.nih.gov
For DIS Use Only:	