

REPORT OF FOREIGN VISITOR(S), GUEST(S), CONFERENCE ATTENDEE(S)
 REQUIRED FOR ALL FOREIGN VISITORS/GUESTS -- 48 HOURS IN ADVANCE FOR VISITORS AND CONFERENCE ATTENDEES
 (SEND ORIGINAL TO OIAA) --30 DAYS IN ADVANCE FOR GUESTS (SEND ORIGINAL TO OSY, COPY TO OIAA)*

VISITOR (3 days or less) CONFERENCE ATTENDEE (5 days or less) GUEST (more than 3 days)

FULL NAME			DATE OF BIRTH		
First	Middle	Last	Month	Day	Year

PLACE OF BIRTH		PASSPORT			
City	Country	Number	Issuing 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	U. S. PERMANENT RESIDENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
----------------------	--------------------------	------------------------------	-----------------------------

DATE(S) OF VISIT

NIST HOST(S) (Name, extension, e-mail)	ORGANIZATIONAL CODE NUMBER
--	----------------------------

REASON FOR VISIT OR TITLE OF LECTURE(S)

ROOMS/BUILDINGS TO BE UTILIZED

REPORT PREPARED BY	TELEPHONE EXTENSION	DATE
--------------------	---------------------	------

FOLLOWING REQUIRED FOR LECTURERS ONLY (including signatures)

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
--	------

*BOULDER DISTRIBUTION: Original to Security; Copy to Group and OIAA (Mail Stop 1090)