NIST-1260 (REV. 8-2006) ADMAN 2.03; ADMAN 15.06 REPORT OF FOI REQUIRED FOR ALL FOREIGI (SEND ORIGINAL TO	N VISITORS/G	UESTS 4	48 HOURS	S IN ADVAI	), COI	NFER	TITUTE OF	STANDARDS ATTEN	AND T DEE CE AT	TENDEES	
VISITOR (3 days or less)	CONFERENCE ATTENDEE (5 days or less)     GUES						Г (more than 3 days)				
FULL NAME							DATE OF BIRTH				
First	Middle		Las	st			Month	Day		Year	
PLACE OF BIRTH					PASSI	PORT					
City Country			Number				Issuing Country				
TITLE/POSITION											
					DER	Male		Female			
EMPLOYER/SPONSOR							PHONE	HONE			
ADDRESS											
CITIZENSHIP				COUNTRIES OF DUAL CITIZENSH				IP (If applicable)			
COUNTRY OF RESIDENCE				U. S. PERN	IANENT RE	SIDENT		YES		NO	
DATE(S) OF VISIT											
REASON FOR VISIT OR TITLE OF LECTUR	RE(S)										
ROOMS/BUILDINGS TO BE UTILIZED											
REPORT PREPARED BY			TELEPHONE EXTENSION				DATE				
FOLLOWING	REQUIRED	FOR L	ECTURE	RS ONL	Y (ind	cludi	ng sig	gnatures	5)		
LECTURERS ONLY - GIVE BRIEF BIOGRA	РНҮ										
LECTURE FEE							R DIEM	DIEM			
\$ ESPONSIBLE TECHNICAL STAFF MEMBER			ONE EXTENSION ORGANIZATIO			S SIONAL CO	S IAL CODE NUMBER DATE				
DIVISION CHIEF (NAME AND SIGNATURE	)			OU APPROVA	L (NAME A	ND SIGNA	TURE)				
APPROVED - OFFICE OF INTERNATIONAL AND ACADEMIC AFFAIRS (NAME AND SIGNATURE)							DATE	DATE			

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