

Please note: advance approval is required for all non-U.S. citizens. This form needs to be completed in full and returned by June 2, 2011. **PLEASE READ THOROUGHLY.**

NOTE REQUIRED DOCUMENTATION FOR SITE ACCESS:

Upon your arrival to Argonne National Laboratory, you must present your original INS documents. If a Permanent Resident, bring your "green" card and passport. If not, bring your original passport, visa, I-94, & any supporting documents (i.e., I-20 or DS-2019). **NOTE: Legal Permanent Residents ("Green Card" holders) need to fill in their LPR (I-551) number and expiration date below, and MUST PRESENT YOUR GREEN CARD upon arrival. Above documents are required in order to obtain access onto our site.**

Date of Visit: _____		Name of Group: _____		
Name of Visitor				
First/Given Name: _____		Middle Initial: _____		Last/Surname: _____
Gender of Visitor Male <input type="checkbox"/> Female <input type="checkbox"/>	CITY of Birth _____	PROVINCE of Birth _____	COUNTRY of Birth _____	Date of Birth (mm/dd/yy): _____
Country of Citizenship: _____		Dual citizenship? If so, list country: _____	Do you have a Permanent Resident Card (I-551) a/k/a LPR & "Green Card"? Yes _____ No _____ If YES, you MUST provide the following: I-551 Card #: _____ And Expiration Date: _____ ATTACH COPY & BRING ORIGINAL	
Visa Control Number: _____ Type of Visa: _____ ATTACH COPY & BRING ORIGINAL Expiry date (mm/dd/yy): _____ I-94 # _____ Departure Date _____		Passport No. _____ Country of Issue: _____ Expiry Date (mm/dd/yy): _____ ATTACH COPY & BRING ORIGINAL		If traveling on a Visa Waiver (I-94W), please supply: <u>Visa Waiver (I-94W) No.:</u> _____ <u>Departure Date:</u> _____ ATTACH COPY & BRING ORIGINAL
Work Phone: _____ Fax: _____ Home Phone: _____ E-mail: _____ Name and Address of Current Employer (if not currently employed, name of previous employer): _____ Type of Business (e.g., government, company, laboratory, university) _____		Name and Address of Place of Work (if different from previous entry) Name: _____		
Street: _____		Street: _____		
City: _____	State/Province: _____		City: _____ State/Province: _____	
Zip Code: _____	Division: _____		Zip Code: _____ Division: _____	
Country: _____		Country: _____		
Title, Position, or Description of Visitor's duties: _____				
Field of Research: _____				
Education Background (Name of university/institution and ALL university/college degrees (Ph.D., Masters, & Bachelors, etc.) the discipline for each and years or dates conferred): _____				

Return the completed form and scanned INS documents by e-mail to: patcanaday@anl.gov
Communications and Public Affairs, Argonne National Laboratory (phone: 630/252-5562)

NOTE: Upon your arrival to Argonne National Laboratory, you must present your original passport, original visa and I-94. Send copies of I-20 or DS-2019 with this form. IF a Permanent Resident, you MUST bring your "Green Card".