MSFC VISIT REQUEST

*(*To Be Filled in by Public Affairs Office)*

Sponsor (Office Symbol, Name, and Telephone):	Event Date(s):
Security Classification Required:	Number of Participants:

Name and Title	Organization and Address	Nationality

Purpose of Visit:	Badges To Be Picked Up By:
Areas To Be Visited:	Badges To Be Picked Up At:

Place of Arrival:	ETA:	Lodging (Name of Hotel/Motel):	☐ Single ☐ Double	Date(s):	Guarantee:

Lunch To Be Held At:				Social Event (Type and Location):				Social Event (Type and Location):		
Time:	Spaces:	Payment:	*Notified:	Time:	Spaces:	Payment:	*Notified:	Time:	No. of Participants:	*Notified:
Conference Location (Bldg and Room Number):				Reserved (Time): From: To:				Reserved By:		

HEADQUARTERS APPROVAL FOR FOREIGN NATIONAL		MSFC APPROVAL	
Name:	Date:	Name:	Date:

Summary of Information Disclosed To Foreign National:

TRANSPORTATION

Place	Time	Date	No. Persons	No. Cars/Buses	Escort	*Notified

AGENDA

Time	Activity	Room and Bldg	*Host	*Notified	Escort

Program Coordinator:	Visitor Contact: