Non-US Citizen Registration Form

3rd ANL/MSU/INT/JINA RIA Theory Meeting

April 4 - 7, 2006
Argonne National Laboratory, Argonne, Illinois

All foreign nationals (non-U.S. citizens) are required by the U.S. Government to provide citizenship information in order to be admitted to the Argonne National Laboratory site. Please complete this form and email or fax it back to Debbie Morrison so she can process your request to visit the Laboratory (morrison@anl.gov) (Fax: 630-252-3903). If you have any questions please do not hesitate to contact Debbie by email or phone (630-252-4100).

NB. This document has TWO pages. Complete only one of (A) or (B) on page 2.

Name: ________________________________________________________________________
   First                        Middle (if none, put NMI)                      Last (Family)
Organization: ___________________________________________________________________ 
Department or Division: ___________________________________________________________________ 
Address: ____________________________________________________________________________
Additional Address: ____________________________________________________________________
City:________________________________________ State/Province:_________ Postal Code _____________________________
Country:___________________________ E-mail: ________________________________
Telephone:_____________________________ Fax: ________________________________
Date of Birth (mm/dd/yyyy): __ /__ /____   Country of Citizenship: ____________________________
(Must indicate if possess dual citizenship)
Place of Birth: ______________________________________________________________________
   City                          Country
Gender:  ☐ Male    ☐ Female
Title or position (e.g., research scientist) ______________________________________________________
Are you a Permanent Resident Alien:   ☐ Yes   ☐ No
   If Yes, Permanent Resident Alien No.: ________________________________________________
Are you currently in the U.S.:   ☐ Yes    ☐ No
Arrival date at Argonne (mm/dd/yyyy): __ /__ /____
Departure date from Argonne (mm/dd/yyyy): __ /__ /____
Complete (A) or (B):

(A) For Non-U.S. citizens who ARE Legal Permanent Residents of the U.S., provide the following information:
   Permanent Resident Card No.________________
   Expiration Date (mm/dd/yyyy):__/__/____
   (Note: some older cards do not have an expiration date)

(B) For Non-U.S. citizens who ARE NOT Legal Permanent Residents, provide the following information:
   Passport No._____________________ Country of Issue: _________________
   Expiration Date (mm/dd/yyyy):__/__/____
   AND
   Visa No. _______________ Visa Expiration Date (mm/dd/yyyy):__/__/____
   Type of Visa (i.e., J-1, H-1, B-1, F-1) __________
   If visa is expired and visitor is in the process of requesting an extension of visa status or renewal or arriving under the waiver program, please complete one of the following:
   (Most recent) I-94 No. _______________ Expiration Date:__/__/____
   I-20 - SEVIS No. _______________ Duration of Stay: __________
   DS2019 No. _______________ Duration of Stay: __________
   EAD No. _______________ Expiration Date:__/__/____
   I-589 & I-797 - (need copy of form)
   Federal ID (Mexico only) _________________
   Driver's License (Canada only) ________________