



7ATC Visit Coordination Worksheet

Distinguished Visitor Information

Name (first/last):

Grade/Rank:

Service Component:

Duty Title:

Requested Date(s) of Visit: to

Vaccination/COVID Test :

ROM Dates: to

Time of arrival: Time of departure:

Requested office calls with CG CoS COG CSM

Visit Location(s):

7ATC HQ	JMSC	TSAE	41st FAB	12th CAB	CONFERENCE
JMRC	NCOA	CATC	2CR	JMTG-U	OTHER

PURPOSE of Visit details, topics of discussion and context of visit:

Once the form is submitted the command will be briefed on intent to visit

Names of Additional Visitors in Space Below (attach a separate sheet if necessary).

Name & Rank:

Name & Rank:

Name & Rank:

Duty Title

Duty Title

Duty Title

Vaccination/COVID Test Date:

Vaccination/COVID Test Date:

Vaccination/COVID Test Date:

Name & Rank:

Name & Rank:

Name & Rank:

Duty Title

Duty Title

Duty Title

Vaccination/COVID Test Date:

Vaccination/COVID Test Date:

Vaccination/COVID Test Date:

Additional Distinguished Visitor Information

Total number of visitors:

Lodging (Name of hotel):

Ground Transportation:

Arrival Airport:

English Proficiency (Fluent/Good/Fair/Translation required):

Special Dietary Requirements:

Other Requirements:

All Countries: from, border(s) crossed, to:

Point of Contact Information

Rank/Name (first/last):

Office phone number:

Cell phone number:

Email address:

7ATC Overview Map

