7ATC Visit Coordination Worksheet

Distinguished Visitor Information								
Name (first/last):								
Grade/Rank:								
Service Component:								
Duty Title:								
Passort/ID Number								
Requested Date(s) of visit: to Time of arrival: Time of departure: Has								
POC requested office calls with CG/CoS/CSM?								
. ee tequesta emee cano man eerecereem i								
Visit location(s):								
7 <i>A</i>	ATC HQ	JMSC	TSAE	173rd ABN	41st FAB	JMTG-U	OTHER	
JN	IRC	NCOA	CATC	2CR	12th CAB	CONFERENCE		
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).								
Rank and Name:				Rank and Name:			and Name:	
Duty Title:				Duty Title:		Duty	Titlo:	
Duty Title:				Duty Title.			Duty Title:	
Rank and Name:				Rank and Name:			Rank and Name:	
Duty Title				Duty Title			Destro Titles	
Duty Title:				Duty Title:			Duty Title:	
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:

Has Country Clearance and/or Theater Clearance been requested/submitted (This must be done 45-60 days prior to your visit)? If not, please complete and re-submit request for visit after authorization is complete.

Point of Contact Information

Rank/Name (first/last): Office phone number: Cell phone number: Email address:

