

PRINCETON PLASMA PHYSICS LABORATORY

**AUTHORIZATION FORM FOR ALL VISITORS TO THE PRINCETON
PLASMA PHYSICS LABORATORY**

NAME OF VISITOR: _____

CITIZENSHIP: _____ PASSPORT #/EXP. DATE: _____

PLACE/DATE OF BIRTH (Foreign nationals only) _____

INSTITUTIONAL AFFILIATION: _____

ADDRESS: _____

OFFICIAL DOE EXCHANGE AGREEMENT: ___ YES ___ NO

ARRIVAL DATE: _____ DEPARTURE DATE: _____

PPPL HOST/SUPERVISOR: _____

PURPOSE OF VISIT (State specific subjects to be discussed): _____

VISIT/ASSIGNMENT SUPPORTED BY* : _____
(Home Institution, other)

AMOUNT OF SUPPORT* : _____
(Visitors on full salary from U. S. institutions need only so state)

SOURCE OF SUPPORT* : _____
(e.g, DOE contract, etc.)

EXPENSES TO BE PAID BY PPPL:	Travel	Yes	No
	Lodging	Yes	No
	Subsistence	Yes	No

CC to be charged: _____ CC Manager's signature: _____

DOES VISITOR CARRY HIS/HER OWN MEDICAL INSURANCE* : Yes No

Division Head

Date

Foreign Visitor Coordinator

Department Head

Visitor's signature (to be obtained on arrival)*

RETURN COMPLETED FORM TO: Barbara Sobel, LOB374

*This information is required of all visitors who stay more than ten working days at PPPL or who request a picture badge, with the exception of those on official DOE exchange agreements.