

VIP VISITOR INFORMATION REQUEST

Lawrence Berkeley National Laboratory

One Cyclotron Road
Berkeley, CA 94720

DATES OF VISIT: OCTOBER 20, 2006

GROUP: AMERICAN SOCIETY FOR PRECISION ENGINEERING

We request that you complete the following information so that we may arrange access to the facility and confirm the number of attendees for space and hospitality.

***PLEASE TYPE ALL REQUESTED INFORMATION.**

FULL NAME: _____

AFFILIATION: _____

TITLE: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

(OR) PASSPORT NUMBER: _____

***Non-UC Citizens (Visitors) and Green Card holders also please complete the following:**

CITIZENSHIP: _____

US DRIVERS LICENSE NUMBER: _____

PASSPORT & EXPIRATION: _____

**DEADLINE FOR SUBMITTING THIS FORM IS FRIDAY,
SEPTEMBER 1, 2006**

Please fax completed forms to Erika Layne at **(919) 839-8039**
or e-mail to erika_layne@aspe.net