# Visa Invitation Letter Request

**Please make sure that you have registered and paid in full for the conference before submitting this request. Letter requests will only be granted to attendees who are registered for the full-three day NAAHP conference (Deluxe or Access Pass Level only).**

The following information is requested to prepare your visa invitation letter that will be sent to you via email. Please allow 3 – 5 working days to process your request.

|  |  |
| --- | --- |
| **Fields marked with an asterisk are mandatory** | **Enter your responses here in this column** |
| **\*Prefix: Dr. or Mr. or Mrs. or Ms.** |  |
| **\*First Name (as shown on the passport):** |  |
| **\*Last Name (as shown on the passport):** |  |
| **\*Email Address:** |  |
| **\*Passport #:** |  |
| **\*Job Title (if student please note in this section):** |  |
| **\*Company; Organization, Association or School Name:** |  |
| **\*Address:** |  |
| **Address2:** |  |
| **\*State:** |  |
| **\*City:** |  |
| **\*Postal code:** |  |
| **\*Country:** |  |
| **Phone:** |  |
| **\*Arrival date in the US:** |  |
| **\*Departure date from the US:** |  |
| **\* Are you an employee of the Government, a Government Agency or Entity, or a Government –Owned or State-Owned Entity or Company?** | YesNo |
| **Local contact in the US during the event:** |  |
| **Additional Notes:**  |  |

*Declaration and Certification:
I hereby declare that the information provided above is complete and accurate.
(Enter your name)*

1. Email your completed from to: registration@naahpusa.org
2. In the subject line include: Visa Request Form\_First Name\_Last Name

**\*Please DO NOT CALL all correspondence will be managed via email**