



U.S. Forest Service Office of International Programs International Visitor Program Payments



Participant Information:

* Last Name: _____ * First Name: _____

* Mailing Address: _____
Address Line 2: _____

* City: _____ * Country: _____

* State/Province: _____ * Zip/Postal Code: _____

* Email Address: _____

* Telephone: _____

Employer: _____

Educational Institution: _____

Sponsor Information:

Please provide the following information if an organization or another individual is making the payment on behalf of the participant:

Organization Name: _____

* Type of Organization: _____ Other: _____

* Point of Contact/Representative Name: _____

Mailing Address: _____
Address Line 2: _____

City: _____ Country: _____

State/Province: _____ Zip/Postal Code: _____

* Email Address: _____

* Telephone Number: _____

Program Host Information:

Please complete the following if a program host has been identified:

Program Host Name: _____

Office Name: _____

Office Address: _____
Address Line 2: _____

City: _____ Country: _____

State/Province: _____ Zip/Postal Code: _____

Telephone Number: _____

Fee Payments:

Please select the type of Payment:

(Refer to International Visitor Program Website for information on fees/refunds)

If other, Description: _____ Fee Amount: \$ _____

Fee paid by: Participant Sponsor Host

Total Amount Owed: \$ _____

Any questions concerning this payment may be directed to:

Kristin Corcoran at KACorcoran@fs.fed.us or (202)644-4643