

INVITATION LETTER REQUEST FORM

TRADE SHOW: _____ Date of Show: _____

Exhibitor Booth # (if exhibitor): _____

Attendee A paid registration for the show is required before an invitation letter request will be fulfilled.

Contact Person: _____ Email Address: _____

Fax Number: _____

ATTENDEE INFORMATION:

Please provide the following information for employees who will need an invitation letter (2 per page please):

Company Name: _____

Company Address: _____
(Street) (City) (State) (Zip) (Country)

1st

Employee Name: _____

Date of birth (dd/mm/yyyy): _____

Sex: Male Female

Position with Company: _____

Expected date of arrival in the U.S.: _____

Date of departure from U.S.: _____

Passport/Identification #: _____

2nd

Employee Name: _____

Date of birth (dd/mm/yyyy): _____

Sex: Male Female

Position with Company: _____

Expected date of arrival in the U.S.: _____

Date of departure from U.S.: _____

Passport/Identification #: _____

FEE INFO:

More than 30 days prior: **\$30.00 per letter**

30 to 14 days prior : **\$60.00 per letter**

No requests will be accepted after 14 days

SHIPPING/HANDLING FEES:

First Class - (Cost: \$0) Cannot guarantee arrival time

Courier - (Cost: price dependent on destination). Please select preferred company below and provide courier account number if applicable:

Federal Express _____

UPS _____

DHL _____

Mailing address (if different from above):

(Street) (City) (State) (Zip) (Country)

PAYMENT INFO:

____ Wire Transfer (Note: invoice will be sent to you. Please remit in U.S. dollars.)

____ Visa _____ MasterCard _____ American Express

Credit Card #: _____ Expiration Date: _____ Today's Date: _____

Cardholder's Name (print): _____ Signature: _____

Cancellation/Refund Policy: No refunds will be given. Requesting the invitation letter(s) confirms that you have read, understand, agree and will comply with the published invitation letter request form cancellation / refund policy.

**If you have any questions, please call +1 480 990 1101, ext. 1048.
Once form is completed email to ajones@vpico.com, or fax to 602-567-6890.**

Invitation Letter Fee:	\$ _____	
Shipping/Handling Fee:	\$ _____	
(if applicable)		
Total Amount Due:	\$ _____	
Office Use Only:	Date Received:	Date Paid: