



communications
Medical Education Technologies, Inc.

VISIT AUTHORIZATION
for
U.S. CITIZEN and/or PERMANENT RESIDENT

Date:	
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To:	Reception Desk - Main Lobby
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From:	
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Subject:	Visitors List – U.S. Citizen and/or Permanent Resident of the Unites States
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Full Name:		Phone No.:	
Citizenship:		Fax No.:	
Employer:		Identification:	<u><i>(verify upon arrival)</i></u>
Job Title :		Photo ID:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full Address:		ID Type:	
Full Address:		ID Number:	

Is the visitor a U.S. Citizen or a permanent resident of the United States?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Note:</i> If visitor is not a U.S. Citizen or permanent resident of the United States you must use Form Fo-00017.				

Employer Relationship: (Customer/Representative/Consultant/Distributor)			
Other (Please Explain):			
Sponsor (Whom Visiting):	Michelle Koeppe	Extension #:	5756
Escort(s) (if other than Sponsor):		Extension #:	
Date(s) of Visit:			
Purpose of Visit:	METI Training		
Empowered Official Notification:		Date:	
Security Office Notification:		Date:	
Senior Staff Approval:		Date:	

Information Must Be Complete Before Visitor(s) Will Be Admitted