



# International Statistics Program (ISP)

## NCHS International Visitor Program (IVP) Initial Form

Title of the visit:	
Proposed visit day(s)	To :
	From:
Country of origin	
Main Contact person information: (Complete name; First and Last name, Title, email)	Name:
	Title:
	Email:
	Phone number:
	Organization name:
Visitor Organization (Complete address)	
Visitor's name (First, Last, title and email address:  (Please use the "other information" section if extra space is needs it for additional visitor's information).	Name:
	Title:
	Email:
	Phone number:
	Organization name:
	Name:
	Title:
	Email:
	Phone number:
	Organization name:
	Name:
	Title:
	Email:
	Phone number:
Organization name:	
Aims of the visit:	
Please submit 5 short statement of the aims and your visit objectives of your visit. Please be specific as possible, as this information will allow us to identify NCHS expert staff that can address your interest during your stay at NCHS. Add any additional information that may be useful in organizing	

the program for your visit.	
Other information:	

Please complete the form and submit it with at least with 3 weeks in advance to: [jna8@cdc.gov](mailto:jna8@cdc.gov)