THIS FORM MUST BE COMPLETED BY THE HOST TODAY'S DATE: _____

CNLS FY2000

VISITOR APPROVAL FORM

Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Proposed Visit Dates:_____ E-mail Address:_____

Work Phone: _____ Fax #: _____

Relevant CNLS Program **(check all applicable):**

- ☐ Discrete Simulation of Nonlinear Systems
- ☐ Nonlinear Complex Phenomena
- ☐ Probablistic & Combinatorial Analysis of Biological Systems
- ☐ Multiscale Phenomena in Materials
- ☐ Complex Adaptive Matter

Estimated Costs*	Travel	Subsistence	Fee**	Rental Car	Total
CNLS	_____	_____	_____	_____	_____
Sharing Group CC/PC***_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

*PLEASE FILL OUT COMPLETELY **Fee Cost = Fee to Visitor x 1.8 ***Cost Code/Program Code

Host: _____ E-mail Address: _____ Mail Stop: _____ Phone: _____

Visit Justification:
(Benefit to the Center and the Lab.)

☐ **APPROVED** ☐ **DISAPPROVED**

_____
Hans Frauenfelder, CNLS Director

PLEASE COMPLETE, PRINT, AND RETURN THIS FORM TO DEBBIE AT CNLS, MS-B258

Date:_____ **OFFICE USE ONLY!!**

Continue on Next Page

WHICH GROUP WILL BE RESPONSIBLE FOR
THE FOLLOWING ADMINISTRATIVE DETAILS?

	GROUP	INDIVIDUAL	PHONE
Invitation Letter:	_____	_____	_____
Invitation Request:	_____	_____	_____
Housing Accommodations:	_____	_____	_____
Travel Reservations:	_____	_____	_____
Office Space:	_____	_____	_____

For non-USA citizens:

DOE Approval:	_____	_____	_____
DOE Reporting:	_____	_____	_____

*If Talk, Seminar, or Colloquium is to be coordinated by the CNLS please complete the following:

Date: _____ Time: _____ Location: _____

Title:

Will an abstract be submitted? ☐ **Yes** ☐ **NO**

Room Reserved By: _____

Special Equipment Needed:
- ☐ Overhead Projector
- ☐ Slide Projector
- ☐ VCR/TV
- ☐ PC Projector
- ☐ Other _____

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