

## Visitor Request Form

Thank you for your interest to visit the University of Regina. UR International tries to accommodate all requests to visit the University of Regina.

### Instructions

Please complete the form and provide us with a *biography* for each delegate, *flight itinerary* and *accommodation arrangements* at least 6 to 8 weeks in advance of planned visit.

This form is only intended for internal office use.

Section A: Requested By	
Full Name:	
Institution:	
Title (Mr, Ms, Dr, etc):	
Position:	
Email:	
Phone:	
Date:	

Section B: Visitor Information	
City:	
Country:	
Institution:	
Mailing address:	
Website:	
Proposed date(s) of visit:	
Date of arrival in Regina:	
Date of departure:	
Head of delegation (name & title):	
Have any members of the delegation previously visited U of R? <i>If so, please specify.</i>	
Is your institution proposing to sign an agreement with U of R?	

Section C: Meeting Request Information				
Purpose of visit:				
Areas or topics for discussion:				
Names and titles of U of R members with whom the delegation would like to meet (if known):		<b>Name</b>	<b>Title</b>	<b>Department/Faculty</b>
	1			
	2			

	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
Preferred meeting date(s):				
Preferred start time:				
Preferred end time:				
Recommended duration of meetings:				
Would you like a campus tour during the visit? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Would you like a student dormitory tour during the visit? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Do you require an interpreter? <i>If so, please specify preferred language.</i> No <input type="checkbox"/> Yes <input type="checkbox"/> Language:				
Do you require a letter of invitation? <i>If you require a letter of invitation please let us know and provide us with the delegation member's full name, passport number and date of birth.</i>		<b>Name</b>	<b>Passport No.</b>	<b>Date of Birth (DD/MM/YY)</b>
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
Any accessibility considerations:				
Dietary needs or restrictions:				

Section D: Members of Delegation				
	Title	Full Name	Title	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Section E: Travel Arrangements	
Flight information (if known):	

Accommodation (if known):

*Please indicate if you require  
assistance with booking  
accommodation in Regina.*