



2017 SEMINAR ATTENDEE NOTIFICATION

All visitors to Ingersoll Cutting Tool Company must be registered with the Export Control Department. The information below must be submitted in advance of arrival to the facility. Please complete, in full, and either e-mail to lrz@ingersoll-imc.com or fax to **815-227-6080**.

| | | |
|----|--|--|
| 1 | Attendee's Full Name | |
| 2 | Company Name | |
| 3 | Title | |
| 4 | Contact Number with Area Code | |
| 5 | E-mail Address | |
| 6 | Place of Residence (Including city, region and country) | |
| 7 | Country of Citizenship | |
| 8 | Seminar (Please Select Only ONE) | <input type="checkbox"/> Feb 8 & 9 <input type="checkbox"/> Jul 12 & 13 <input type="checkbox"/> Mar 8 & 9 <input type="checkbox"/> Aug 9 & 10 <input type="checkbox"/> Apr 12 & 13 <input type="checkbox"/> Sep 14 & 15 <input type="checkbox"/> May 10 & 11 <input type="checkbox"/> Oct 9 & 10 <input type="checkbox"/> Jun 7 & 8 |
| 9 | If a Hotel is needed, Please Provide | |
| | Arrival Date: | |
| | Departure Date: | |
| | Number of Evenings: | |
| 10 | Ingersoll Host Name If Applicable (Your Ingersoll Sales Engineer) | |
| 11 | Misc. (Dietary Restrictions/Special Needs) | |

FOR HOSTS ONLY:

| | | |
|----|--|--|
| 12 | Will You Attend With Your Guest? | |
| 13 | If a Hotel is needed, Please Provide | |
| | Arrival Date: | |
| | Departure Date: | |
| | Number of Evenings: | |
| 14 | Misc. (Dietary Restrictions/Special Needs) | |

Note: Any transaction between regulated technology and a Foreign National may invoke export control laws. (A foreign national visitor is defined as (DOD) Any person other than a US citizen, US permanent or temporary legal resident alien, or person in US custody). After review of the information above, the Export Control Department will determine if a license application will be necessary for the visitor.

VISITOR BADGE ISSUANCE

Visitor badges will be prepared for all attendees. Guests must wear their badge at all times while on campus.