

VOITURE NATIONALE REPRESENTATIVE VISIT

To: _____
NAME TITLE

From: _____
NAME TITLE

Thank you for the kind invitation. Please complete the enclosed form in duplicate and send one copy to the assigned Official Representative and one copy to: **VOITURE NATIONALE, 777 N MERIDIAN STREET, INDIANAPOLIS, INDIANA 46204.** You will then be informed of the method of travels, estimated time of arrival and departure as well as whether the Visitors Wife will accompany him.

Local Contact: _____
NAME TITLE

STREET ADDRESS CITY STATE ZIP CODE TELEPHONE

Grande Contact: _____
NAME TITLE

STREET ADDRESS CITY STATE ZIP CODE TELEPHONE

Dates
Involved: _____ To: _____

Type of Function: _____

Guest Should Arrive _____ Approximate Time of Day _____ Guest Should Depart _____ Approximate Time of Day _____

Participation
Will Involve _____
GREETINGS-SPEECH-OBLIGATION-INSTALLATION-ETC

Length of Time
Allowed for Address _____

Other Organizations Involved? _____

Government Officials Involved? _____

City or Local Officials Involved? _____

Stag Function? _____ Spouse Invited? _____ Type of Attire _____

Type of Accommodations Available _____

Complimentary Meals? _____ Complimentary Housing? _____

Hotel Where Visitor
Will be Quartered _____
NAME OF HOTEL

STREET ADDRESS OF HOTEL CITY STATE ZIPCODE TELEPHONE