NEW YORK STATE | Homeland Security and Emergency Services

KATHY HOCHUL
Governor

JACKIE BRAY
Commissioner

# Pre Meeting Data Form

*Important:* Please fill out all information on this form. State Representatives should fill out Sections 1A and 1B. Foreign Representatives should fill out Section 2. Once complete, Foreign Representative shall return the completed information to the New York State Representative.

## Section 1A: Meeting Request

| Proposed Meeting Details | | |
|---|---|---|
| Proposed Date Range of the Meeting: | Proposed Location of the Meeting: | |
| Origin of Meeting Request: | Date of First Meeting Request: | |
| Purpose of the Proposed Meeting: | Type of Meeting:<br>○ In-Person<br>○ Video<br>○ Telephone | Frequency of Meetings:<br>○ Single Meeting Request<br>○ On-going Meeting Request |
| Topics to be Discussed During the Proposed Meeting: | Questions to be Addressed During the Proposed Meeting: | |
| New York State Representative Requestor:<br>Phone Number:<br>Email Address: | | |

## Section 1B: State Representatives

*Important:* Please fill out the below table for each proposed attendee. Please attach additional pages as necessary.

| State Representative Attendee | |
|---|---|
| First Name: | |
| Last Name: | |
| Title: | |
| Office: | |

| State Representative Attendee | |
|---|---|
| First Name: | |
| Last Name: | |
| Title: | |
| Office: | |

| State Representative Attendee | |
|---|---|
| First Name: | |
| Last Name: | |
| Title: | |
| Office: | |

| State Representative Attendee | |
|---|---|
| First Name: | |
| Last Name: | |
| Title: | |
| Office: | |

Submitting this form only satisfies the requirements of the NYS Policy for Meetings with Foreign Representatives. Agencies are still responsible for ensuring all travel and meetings comply with statewide travel policies, ethics policies, and any other applicable state laws and policies.

## Section 2: Foreign Representatives

*Important:* Please fill out the below table for each proposed attendee. Please attach additional pages as necessary. When complete, please return to the New York State Representative coordinating the proposed meeting.

| Foreign Representative Attendee Information | |
|---|---|
| First Name: | |
| Last Name: | |
| Aliases: | |
| Non-English/Translated Name (i.e., native spelling): | |
| Gender: | |
| Organization: | |
| Organizational Level: | If other, please describe: |
| Position/Title: | |
| Organization Address: | |
| Date of Birth: | |
| City and Country of Birth: | |
| Country of Current Residence: | |
| Passport Country of Issue: | |
| Passport Number: | |
| Passport Expiration Date: | |
| Visa Number (if applicable): | |
| Email Address: | |
| Phone Number: | |
| Proposed Agenda for the Meeting: | |
| Travel Itinerary for Entire Trip to the United States: | Attach Travel Itinerary |
| Photo of Passport (Biological Information Page): | Photo of Visa (if required for trip): |