

# U.S. ARMY FIRES CENTER OF EXCELLENCE (FCoE) DISTINGUISHED VISITOR VISIT REQUEST PROFILE

Please complete and return this form via email to ensure a successful visit for your principal to our activity. Please be advised all foreign visitors require a Foreign Visit Request (FVR) initiated by the country's embassy. If attending classified meetings or visiting classified facilities, please pass security clearance through JPAS to SMO Code: W6NEAA, Attn: FCoE Protocol, 580-442-4237.

Rank of principle visitor: \_\_\_\_\_ Full name: \_\_\_\_\_ Branch: \_\_\_\_\_

Go By Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

POC name: \_\_\_\_\_ Phone \_\_\_\_\_ POC Email address: \_\_\_\_\_

Date(s) of Visit \_\_\_\_\_ Mode of Travel: MILAIR \_\_\_\_\_ COMAIR \_\_\_\_\_ AUTO: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Carrier \_\_\_\_\_ Flight# \_\_\_\_\_ Airport: \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Carrier \_\_\_\_\_ Flight# \_\_\_\_\_ Airport: \_\_\_\_\_

English proficiency (if foreign visit): \_\_\_\_\_

Require lodging reservations: YES \_\_\_ NO \_\_\_ If not, please list hotel: \_\_\_\_\_

Require religious prayer meeting room: YES \_\_\_ NO \_\_\_

Driver required: YES \_\_\_ NO \_\_\_

Escort required: YES \_\_\_ NO \_\_\_

Traveling in rental vehicle: YES \_\_\_ NO \_\_\_ If yes, please list carrier and pick up/drop off locations: \_\_\_\_\_

**Note: Our lodging is now privatized. Credit card information must be provided within 24 hours of visit for DVQ to:**

Leonora Lape, Protocol Reservationist  
Work 580-442-5000 Cell 580-458-2999  
E-mail Leonora.Lape@ihg.com

Britt Harbour, Front Office Manager  
Work 580-956-8404 Cell 940-704-4604  
E-mail Britt.Harbour@ihg.com

Accompanied by: (Use separate sheet if necessary)

<u>Rank/Grade</u>	<u>Full Name</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose of Visit and Topics to be discussed (please be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bio Submitted: YES \_\_\_ NO \_\_\_ (if bio not yet submitted, please attach or fax to: **Protocol, 580-442-4825**)

Gift/Plaque Exchange? YES \_\_\_ NO \_\_\_ AV Support Required: YES \_\_\_ NO \_\_\_

Classified Briefings? YES \_\_\_ NO \_\_\_ Preferred Briefing Method: \_\_\_\_\_

Beverage & Snack Preference: \_\_\_\_\_

**Dietary Restrictions/Allergies:** \_\_\_\_\_

Previous visit dates to Fort Sill: \_\_\_\_\_