**Visit/Meeting Information Form**

|  |  |
| --- | --- |
| **Primary persons of contact** | |
| Name of primary person of contact for visiting party: | |
| Title: | |
| Organization/Institution: | |
| Telephone: | Email: |
| Website: | |
| Primary person of contact at USP: | |
| Title: | |
| Unit/School/Institute: | |
| Telephone: | Email: |
| Website: | |

|  |  |  |
| --- | --- | --- |
| **Date and kind of visit/meeting** | | |
| Proposed dates and/or time: | | |
| In-person or on-line: | | |
| **Visitor Information** | | |
| **List of Visitors** (name/title/e-mail address/profile): [Please use one line per visitor.] |  |  |
| Name and Title: | E-mail Address: | Profile:  \*Please provide a bio or insert a link for each visitor |
|  |  |  |
| **Visitor study field** [Please, use one line per visitor.] | | |
| Name: [description of field]  \*Please provide a brief description of the field of study of each member of the delegation. | | |
| **General Information for visit/meeting** | | |
| **Main goals and areas of interest:** | | |
| \* Please provide detailed information so we can better assist you in meeting your goals. | | |
| **In which fields or with which schools/institutes are you interested in establishing potential collaboration? Please, specify. (The list of schools/institutes can be found at** [**https://www6.usp.br/english/institutional/**](https://www6.usp.br/english/institutional/)**)**  **Do you wish to schedule a visit to any of them and/or meet their representatives? If so, please inform.** | | |
|  | | |
| **Have you or any members of the delegation visited USP before? In which capacity? Which schools/institutes/departments have you visited or met with? Please name the people you have already met.** | | |
|  | | |
| **Are there any professors/researchers in your institution which are currently undertaking joint research with USP professors/researchers? If so, please name them.** | | |
|  | | |
| **If applicable, please inform your address in Brazil and the best way of contacting you during your visit.** | | |
|  | | |
| **Please use this field to make specific requests, and/or provide additional information and/or inform of special needs.** | | |
|  | | |

Date: