**Contact Information**

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Name: Title:

Organization:

Address:

Phone: Email:

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1. Proposed Visit Date
* Start date:
* Arrival time:
* End date:
* Departure time:
1. Number of guests including the interpreter. Please list all members of your delegation. include names, academic affiliation, title, etc. (please include CVs with this form):
2. What is the mission of your institution?
3. State the main purpose of the visit and what you hope to achieve?
4. If you represent an institution of higher education, please briefly share the academic areas that you deem are the strongest at your institution:
5. If you have had previous contact with Bunker Hill Community College in regards to current or future collaborations, please list departments, names, and areas of collaboration.
6. Contact information for follow up in case of an emergency:

This form should be returned electronically at least **(20) business days** prior to your proposed visit to:

Ela Kijowska

Director, International Center

International Center

Bunker Hill Community College

Email: ekijowsk@bhcc.mass.edu