

5163 Duke St. Halifax, N.S. B3J 3J6 theanna@nscad.ca 902-494-8223



Visitor Invitation & Agr	eement	
Dear	,	Date:
		sure to invite you to NSCAD to engage with our students and
NSCAD will provide you with t	he following:	
☐ Accommodations for	\$ \$ are made by the Anna Leon nights.	owens Gallery Systems).
0 0	00,	erstanding of the details related to your visit and send back to us as any questions. We look forward welcoming you to campus!
Best Regards,		
	_	Visitor
Further details as required:		



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## **Visitor Information**

For processing payment. Required information for Canada Revenue Agency and Booking International flights:

Legal Name:	
Preferred Pronoun:	
SIN #:	
Home Mailing Address	
Street Address:	
City:	State/ Province/ Area:
Zip/ Postal Code:	Country:
Traveller Information ** Only required	for travel arrangementsOitizenship:
Passport#:	Citizenship:
Preferred Arrival Time:AMPM;	Preferred Departure Time:AMPM
Seating*:AisleWindow  *Seat change or preferred seating charges are the respon	nsibility of the traveller.
Bio with career highlights for promotion	nal purposes: