Physician-Focused Payment Model Technical Advisory Committee

Non-U.S. Citizen Security Form

Physician-Focused Payment Model Technical Advisory Committee (PTAC)

PTAC Public Meeting

Hubert H. Humphrey Building, Great Hall
200 Independence Avenue, SW, Washington, DC 20201

Please complete this form below and send it to PTACRegistration@norc.org.

Visitor Last Name: ___

Visitor First Name: ___

Visitor Middle Name: ___

Date of Birth: __

Place of Birth: _

Gender: ___

Visitor Title: _

Visitor Organization: __

Passport Number: _

Passport Issuing Country:

Passport Issue Date: _

Passport Expiration Date: _

Email: __

Date(s) Attending the Meeting:

Section to be completed by ASPE

Host Name: _

Host Email/Phone: _

Host Organization: ___

Escort Name: _

Escort Email/Phone: _

Date/Time of Visit: __

Location of Visit: __

Purpose of Visit: __

Date Received: _ Date Processed: ___