



The American-Scandinavian Foundation

58 Park Avenue, New York, NY 10016 | 212-779-3587 | training@amscan.org

SUPPLEMENT TO FORM DS-7002

ADDITIONAL REQUIRED INFORMATION ON HOST ORGANIZATION

NAME AND ADDRESS OF FIRM:

NAME AND TITLE OF CONTACT AT FIRM:

VERIFICATION OF **WORKMAN'S COMPENSATION INSURANCE POLICY**

Please provide a copy of the certificate of insurance (required)

DATE FIRM WAS ESTABLISHED:

NUMBER OF REGULAR EMPLOYEES:

IS YOUR ANNUAL REVENUE OVER \$3 MILLION?

MAJOR PRODUCTS/ACTIVITIES:

(If available, please send a brochure, annual report or newsletter)

ADDRESS OF ANY BRANCH LOCATIONS IN USA:

(Attach a separate list if necessary)

AFFILIATE OFFICE IN SCANDINAVIA:

(Attach a separate list if necessary)

NOTE: The Dept. of State requires a site visit by The American-Scandinavian Foundation to any new host firm that has fewer than 25 employees or less than \$3 million dollars in annual revenue.

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HOST FIRM'S AGREEMENT: I understand that this program is intended for educational and cultural exchange. To conform with the U.S. Department of State's regulations governing this Exchange Visitor Program, I certify that: (1) sufficient physical plant, equipment, and trained personnel will be dedicated to providing the internship specified; (2) this internship is not being used to recruit and train aliens for employment in the United States, and (3) the intern will not be placed in a position meant to displace a full-time or part-time American employee.

SIGNATURE:

DATE:
