



The American-Scandinavian Foundation @ Scandinavia House 58 Park Avenue | New York | NY 10016

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.

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:** _____

PROGRAM FEE: The administrative costs of The American-Scandinavian Foundation's Exchange Visitor Program are met through the support of the Exchange Visitor/Intern; there are no government subsidies. Interns are asked to cover these costs through a program fee of \$100 per month; the minimum fee is \$400 for programs of up to four months. **Host firms are welcome to reimburse their interns directly.**