

1200 Getty Center Drive, Suite 1100 Los Angeles, CA 90049-1688

Tel 310 440 6660 Fax 310 440 7782 E-mail osip@getty.edu www.getty.edu/osip

PROFESSIONALS QUESTIONNAIRE SHORT FORM, IND. ACC.

Please print clearly and complete all applicable questions. If an item does not apply to you, mark with "n/a." The information requested below is strictly confidential and used for internal purposes only. It will enable us to correctly process your payment, determine your visitor status for tax purposes and apply for any tax exemption treaties on your behalf.

Prof./Dr./Mr./Ms.	./Mrs.	Last Name (Fan	nily Name) First Name		Middle	Name	
Name at Birth, if	different		Date of Birt	h (mm/dd/yy)	City of I	Birth	
Country of Birth			Country of	Citizenship	Country	of Legal Perman	ent Residence
Home Mailing Ac	ddress (your perm	anent place of re	esidency – No P.O. boxes)				
City		State	Postal Code		Country	·	
Home Phone			Mobile Num	ber	E-Mail A	Address	
U.S. Address (if a	any)						
U.S. City		State	Postal Code				
U.S. Phone			U.S. Mobile	Number	U.S. E-N	Iail Address	
U.S. Social Secur	rity Number (SSN) (if any):	Indiv	idual Taxpayer Identi	fication Number (I'	TIN) (if any):	
			g your residency? Researc				
What type of pays	ment will you rec	eive from the Go	etty? Grant/Fellowship/Sti	pend – No Services R	equired Travel	Other (pleas	e describe):
Estimated date of	arrival to the U.S	. related to this	Getty visit? (mm/dd/yy)	E	stimated date of de	parture from the U	J.S.? (mm/dd/yy)
☐ Employment A	fessor, Research S Authorization Do	Scholar, Trainee, cument (EAD) A	Short-Term Scholar, or Speci applicant		H-1B Visa Emplo	Other:	
Please complete i		•	(green card holder)	L] WB/WT Visa Wa	aiver Program	
r lease complete i	i you currently na	C	urrent Visa Type	Visa Number	Issue Date ((mm/dd/yy) I	Expiration Date (mm/dd/yy
Do you anticipate	e being in the U.S.	more than 180	days this calendar year? Year	es 🗌 No Passport	Number*:		
*Please E-mail a	copy of the inform	nation page of y	our passport to osip@getty.ed	<u>u</u> . Disregard if you ar	e a U.S. citizen or j	permanent resider	t.
			immigrant, have you been in to of days physically present in the				inning with the current yea
Calendar Year	Number of Days	Type of Visa	Visa Category	Calendar Year	Number of Days	Type of Visa	Visa Category
<u>Example:</u> 2006	<u>40</u>	<u>J-1</u>	Research Scholar				
Have you attended	ed and/or are you o		ng a U.S. educational institutions, please provide the following		'you are a U.S. citi	zen or permanent	resident.
	Name of Ins	titution				Period of Atten	dance
extension of my v	visa status or if my	y visa/immigrati	his form and accompanying do on status changes, I will notify r consent to any provision of t	the person that reque	sted this form.		_
~							
Signature						Date (mm/dd/	уууу)



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Additional Addresses Office Mailing Address (if any) Name of Institution Postal Code City State Country Office Phone Office Fax Number E-Mail Non-U.S. Address (If you are not a U.S. citizen or permanent resident but are currently living in the U.S., please provide an address in your country of citizenship) City Postal Code State Non-U.S. Phone Non-U.S. Fax Number Other Address (if any) City State Postal Code Other Phone Other Fax Number Preferred Mailing Address: Home Office U.S. Non-U.S. Other If you have any special mailing instructions for the Office of Scholars, Interns and Professionals, please describe your needs below: (example: "I will be available in my office until June 30. After that time, I will be at my home address.") Additional Information Your preferred first and last name as you would like for it to appear on Getty staff lists, badge, etc: At what level do you speak English? ☐ Native Speaker ☐ Fluent ☐ Some Other What other languages do you speak? **Current Work Information** Field of Study/Specialty: Current Position (Enter one selection and its corresponding number from the list below): 115. Professionals and Scientists in Central 214. University Graduate Students 334. Employee of Independent Institution or Government Corporation 215. University Undergraduate Students 125. Professionals and Scientists in Regional 411. Artist (Graphic Arts) 219. University, Others (Please specify) Government 412. Author (Playwright, Poet) 242. Special School, Institute, or Vocational 135. Professionals and Scientists in City or Teacher of Staff Town Government 414. Film (or Stage) Producer 315. Professionals or Scientists in Private 143. Employee of International Organization 415. Composer or Musician 419. Arts, Other (Please specify) 213. University Teaching Staff including 320. Self-Employed Professionals Researchers 631 Film Maker **Family Information** Marital Status: Not Married Married Will any of your family members travel with you to Los Angeles and remain for most or all of your stay? \square Yes* \square No *If yes, please specify who below and complete the following sections.



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Spouse/Partner Information	(continued)				
Prof./Dr./Mr./Ms./Mrs.	Last Name	First Name			
Middle Name		Date of Birth (mm/dd/yy)			
City of Birth		Country of Birth	Country of Citizenship		
Country of Legal Permanent Re	sidence	Passport Number * (please disregard if your spouse/p	partner is a U.S. citizen)		
*Please E-mail a copy of the in	formation page of your spouse	's passport to <u>osip@getty.edu</u> . Disregard if he/she is	a U.S. citizen or permanent resident.		
Child/Dependent Information					
If you have children/dependents, will they travel with you to Los Angeles and remain for the entire stay? \(\subseteq \text{Yes*} \) No *If yes, please complete the child/dependents sections below and please E-mail a copy of the passport information page of each of your children or dependents to osip/@getty.edu . Disregard if he/she is a U.S. citizen or permanent resident.					
Child/Dependent #1					
Last Name (Family Name)		First Name	Middle Name		
Date of Birth (mm/dd/yy)		City of Birth			
Country of Birth		Country of Legal Permanent Residence	Country of Citizenship		
Child/Dependent #2					
Last Name (Family Name)		First Name	Middle Name		
D			Male		
Date of Birth (mm/dd/yy)		City of Birth			
Country of Birth		Country of Legal Permanent Residence	Country of Citizenship		
Emergency Contact Informati	on				
Please provide names and teleph	none numbers of contacts not con	ming with you to Los Angeles to notify in case of an emo	ergency.		
	-				
Contact Last Name	Contact First Name	Contact Telephone	Alternate Telephone		
Contact Last Name	Contact First Name	Contact Telephone	Alternate Telephone		
			•		
Personal Information Release	– Not Required				
I authorize the Getty to release the information related to my activities and circumstances at the Getty, to the individuals listed below:					
Name	Relationship	Name	Relationship		
Name	Relationship	 Name	Relationship		



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Car Information					
Will you have a car at the Getty?	☐ Yes* ☐ No *If yes, and yo	u know the vehicle informat	tion please fill out the rest of this section	on	
License Plate #	Year	Make	Model	Color	
Use of Likeness					
In consideration of participation in Getty-related activities, I hereby agree and consent that photographs, video and audio recordings of me, my voice, likeness and appearance created by representatives of the Getty may be used by the Getty for performance, publication, reproduction or any other lawful purpose in any medium.					
Signature			Date (mn	n/dd/yyyy)	

IF YOU HAVE BEEN INVITED BY THE GCI, STOP HERE! YOU ARE DONE!



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FOR GETTY RESEARCH INSTITUTE (GRI), MUSEUM & VILLA SCHOLARS, FELLOWS AND GRI GUESTS ONLY

Research Plans		
The Getty sheet):	y may make public internal announcements of your residency. Please provide the following information on the subsequent pages (or attach as a separate	
1) 2) 3)	Name, title and institutional affiliation; Publications list what you would like us to use (3-4 only); A one-page description of your research project at the Getty;	

** <u>ATTENTION U.S. NON-RESDIENT ALIENS: PLEASE REMEMBER TO E-MAIL THE</u>
INFORMATION PAGE OF EACH RELEVANT PASSPORT TO OSIP@GETTY.EDU **

THANK YOU!