New Exchange Visitor Sponsorship Payment Form

This form must be completed in full and submitted with any applicable fees before SHRM will proceed with processing.

Participant Name: _____

U.S. Host Organization: _____

Name of Individual Receiving Invoice and/or Receipt of Payment: _____

Address: _____

Phone Number: _____ Email Address: _____

Type: New Sponsorship Fee ($2,110)

& Required SEVIS Fee ($220) $2,330.00

☐ Family (optional) $750.00

☐ Expedited Processing (optional)..... $800.00

Total Amount Due: $_____

Payment Information

Refund Policy: If an application is submitted to SHRM and is withdrawn or cancelled for any reason prior to issuing the DS-2019 form, the party responsible for paying the sponsorship fee will still be responsible for a fee equivalent to 50 percent of the standard processing fee. Refunds will only be given to the party responsible for paying the sponsorship fee. After the DS-2019 has been issued, no refund will be issued for any reason.

☐ Check Enclosed ☐ Credit Card Check No.: _____

Credit Card Information (if applicable)

Type of card: ☐ MasterCard ☐ Visa ☐ AMEX Card Security Code: _____
(Requires 4-digit code for AMEX)

Name on Card: _____

_____
Card No. Expiration Date (mm/yyyy)

Billing Address of Card Holder: _____

Billing City & State: _____ Billing Zip/Postal Code: _____

Email Address of Card Holder: _____

Signature: _____

*Please Note: The signature must be that of the actual cardholder. SHRM will not process applications or requests that are signed by a proxy. The signature also serves as an attestation by the cardholder that he/she understands the nature of, and has explicitly approved, the charges.

Internal Use Only: I-901 Date: _____ I-901 #: _____ M #: _____