

## Guest Lecturers & Artists Information for Payment

Please Return Completed Form to:  
**Yale Institute of Sacred Music**  
409 Prospect Street  
New Haven, CT 06511  
Fax: 203.432.5296

Name: \_\_\_\_\_ Date of visit: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Mailing Address:

Tax Reporting Address: <i>(if different than Mailing Address)</i>

Home Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security #: \_\_\_\_\_ or ITIN #: \_\_\_\_\_

Has individual worked for Yale prior to this visit?  Yes  No

US Citizen?  Yes  No \*If No, please answer the following:

Country of Citizenship: \_\_\_\_\_

Immigration Status <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> F1 <input type="checkbox"/> J1
<input type="checkbox"/> Other _____

Permanent Address in Home Country: *(if different than above)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For office use only</b>
Vendor Number: _____
Amount offered: _____
ER Number(s) _____