



INTERNATIONAL VISIT AND AGENDA REPORT

Submission Date (MM-DD-YY)

Home Country Information		<input type="text"/>	<input type="text"/>
		Home Country	Rank
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Office Phone	Cell Phone	Fax
<input type="text"/>		<input type="text"/>	
Distributor Name (Last, First, Middle)		Email Address	
<input type="text"/>		<input type="text"/>	
Street Address/City		Distributor ID Number	
<input type="text"/>		<input type="text"/>	
Co-Applicant if not Spouse (Last, First, Middle)			
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address/City		State/Prov.	Zip Code/Postal Code

Visiting Country	<input type="text"/>	Date of Visit	<input type="text"/>	<input type="text"/>
		From	To	

Training Agenda:

May include: 1) Two Questions One Answer – Give Me Five 2) Dr. Chen’s Special Meetings 3) Product Fairs
4) Introduction Meetings 5) Leadership Trainings 6) Kandesn Trainings and Workshops _____

DATE	TIME	LOCATION	TYPE OF TRAINING <small>(List by number 1 thru 6 as above)</small>	NAME & PHONE # OF LOCAL CONTACT	OFFICE USE ONLY CONFIRMATION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

You must save your boarding passes and travel receipts for tax records and Sunrider confirmation purposes. If your agenda changes, please notify your home country Sunrider office. A delay in submitting this form may result in forfeit of future Leadership Development Bonus payments.

Report must be submitted 90 days prior to your visit.

Signature _____ Date _____