

Fax: 404-551-5279 E-mail:info@travelandvisa.com

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

If filling out the form on your pc is any problem, you can print it out and complete the form by hand.

Send completed application to: Travel and Visa 285 Centennial Olympic Park Drive NW Unit 1207 Atlanta, GA 30313

Please choose return shipping method: Return Shipping (Per Person)

Return shipping method:

- FedEx 2nd day delivery \$24
- Event Standard Overnight \$28
- FedEx Priority Overnight \$33
- EFedEx Saturday delivery \$46
- Event First Overnight \$67
- Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7

Along with completed application, please send the following:

- ☐ Your Passport, (must be signed, have at least 2 blank designated visa pages, and valid for at least 6 months after the date your visa will expire)
- ☐ 1 passport size picture,
- a copy of flight itinerary and proof of hotel booking or a copy of a private invitation with the host's ID or passport scan.
- Payment (include your check or money order). If paying with a credit card please fill out the credit card payment authorization form below.
 - any additional paperwork listed in the requirements for visa of your choice

Total cost = Visa Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

If you have any questions, comments, concerns, please contact us:

Phone: 404-452-7288 Fax: 404-551-5279 E-mail: info@travelandvisa.com



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CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card holder shown on credit card)

ge my: ER	
Exp. (mm/yy)	in the amount of \$
date d	of birth (mm/dd/yy)
State:	Zip:
State:	Zip:
FAX:	
	ER Exp. (mm/yy)date of date of State: FAX:State:

By signing below, I acknowledge charges described herein. Payment in full to be made when billed or in extended payments in accordance with standard policy of card issuer.

Change and/or Cancellation Policy: Visa& Visa Support fees are non-refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee.

Please contact us for details.

_____ Date: _____

(Signature of cardholder)



VISA APPLICATION

IMPORTANT! Please type or print using ballpoint

I declare that data supplied by me is correct and complete. I am aware	
to the annulment of a visa already granted and may also render me liab	
of the Russian Federation upon the expiry of the visa, if granted. I und	lerstand that possession of a visa does not entitle its bearer to enter
Russia. I will not seek compensation if I am refused to enter Russia.	
** - not to be filled by holders of diplomatic and official passports	
1. Nationality(If you formerly had USSR or Russian citizenship, please indicate when and why you lost it)	6. Purpose of visit
	7. Category and type of visa
2. Last name(as in passport)	8. Number of entries
	Single entry Double entry Multiple entry
3. First and middle names (as in passport)	9. Date of entry in Russia 10. Date of departure from Russia
5. I i st and middle names (as inpassport)	3. Date of entry in Russia 10. Date of departure nom Russia
4. Date of birth 5. Sex M F	(dd/mm/yy) (dd/mm/yy)
11. Passport No	
	Date of issue (dd/mm/yy)
Issued by	Valid until (dd/mm/yy)
12. Type of passport diplomatic official	tourist
other please specify	
13. Russian institution or organization to be visited? (for tourists – name and reference	e number of the host tourist company. for businessmen – name of the host organization and town, for private
persons - last name, first name, middle names and home address of the host)	
14. Itine rary (places of visit)	
**15. Do you have a medical insurance valid in Russia?	
yes Please specify?	
16. Who will pay for your trip to and stay in Russia?	
17. Marital status married single (never	married) divorced separated widowed
17. Marital status married single (never	
17. Marital status married single (never 18. Spouse's full name (if divorced or separated, please indicate maiden name if applicable)	19. Spouse's date of birth
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List all educational i	nstitutions you ever attende	official passports d, except high schools
1. Name	-	Address and phone number
Course of study		
2. Name		Address and phone number
z. Name		
Course of study		Dates of admission and graduation
	I, civil and charity organizat perate / cooperated with	tions which you are / **30. Do you have any specialized skills, training or experien related to fire-arms and explosives or to nuclear matters, biological chemical substance? If yes, please specify
		es, indicate the country, branch of service, rank, military occupation and dates of service
		ts, either as a member of the military service or a victim? If yes, please specify
-		
		O GIVE ANSWERS TO THE FOLLOWING QUESTIONS
A visa m	nay be refused to persons wh	ho are within specific categories defined by the law as inadmissible to Russia.
	rrested or convicted for any	
yes When?	? (dd/mm/yy)	Where? no no
		le disease of public health significance or a dangerous physical or mental _{yes} no
	ver been a drug abuser or a a	addict?
	efused a Russian visa?	Where?
yes vvnen?	? (dd/mm/yy)	Where?
Has your Russian visa	a ever been canceled?	
yes When?		Where?
Have you ever tried to information?	o obtain or assisted others	to obtain a Russian visa or enter Russia by providing misleading or false
	n l n n	
Have you ever oversta	ayed your Russian visa or st	ayed unlawfully in Russia? yes no
		- L
-	eported from Russia?	- L
yes When?	? (dd/mm/yy)iiii	Where?
yes When?	? (dd/mm/yy)iiii	
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