

SPIEF 2020 Protocol & logistics questionnaire



1

Entity's name:

Contact person (Title and Name)
for Protocol & Logistics:

E-mail:

Phone number:

SECTION 1 – Delegation

1. Please provide a full official Delegation list:

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

DELEGATE NAME

TITLE (POSITION)

2. Please provide a high-resolution passport copy and a photo for each delegate.

Photos should meet the following requirements:

- size: 480 x 640 pixels
- a color photo on a white background, in line with photo ID standards
- jpg or jpeg format
- position: facing the camera
- the face must fill at least 70% of the photo
- file name (Name_Surname_Entity)

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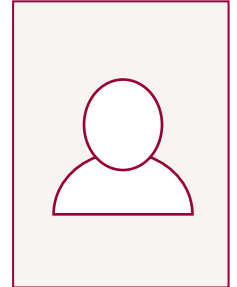


2

Passport copies should meet the following requirements:

- a high-resolution copy
- file name (Name_Surname_Entity)

Kindly be informed that we will not be able to acquire accreditation in case the photo does not meet the above criteria or the passport scan is of a low-resolution.



Please note you must travel with the passport for which accreditation is obtained.

Thank you for your understanding!

3. Please provide a list of non-official delegates who might be coming with the delegates (friends & families, security officials) along with passport copies and photos meeting the requirements from item 2.

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

NON-OFFICIAL DELEGATE NAME

Please send all passports and photos together with the completed questionnaire in one email.

**SECTION 2 — ARRIVAL / DEPARTURE, VISA SUPPORT, ACCOMODATION,
TRANSPORTATION**

1. Please provide estimate dates of arrivals and departures of all delegates listed in the Section 1, as well as accommodation and transportation preferences.

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

DELEGATE NAME	ARRIVAL (dd/mm)	DEPAR- TURE (dd/mm)	VISA RE- QUIRED*	ROOM CATEGORY PREFERENCES	VEHICLE TYPE (MERCEDES BENZ)**	DEDICATED CAR*** (yes/no)
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* The Citizens of Qatar do not need to apply for a visa to enter the territory of Russia. The total length of visa-free stay cannot exceed 90 days within a 180-day period. The visa waiver agreement came into force on February 23, 2020.

Nationals of 53 foreign States may be granted an e-visa to enter the Russian Federation in the territory of Saint Petersburg within 8 calendar days. Please find details on the website http://electronic-visa.kdmid.ru/index_en.html

In case the delegate has a dual citizenship, please use a passport that allows to come without a visa or get an e-visa.

Please read and understand the categories of goods for personal use concerning which customs duties, the taxes levied in the form of aggregate customs payment are subject to payment. <http://eng.customs.ru/document/text/166511>

** Coach includes 39 – 50 seats, Minibus – 14 – 20 seats, Passenger Van (V-class) – 4 seats

***Dedicated car – a car with personal driver available during the whole day.

SECTION 3 – SECURITY

1. Do you need close protection on Russian territory? If yes, please answer questions 2–3

Yes

No

3. Are you going to visit Russia with a close protection team of your own? If yes, please answer questions 4–5

Please make sure that all members of the protection team are on the Delegation list (please see Section 1)

Yes

No

5. Will your close protection officers be equipped with radio stations on Russian territory? If yes, please answer questions 5a–b

Yes

No

2. How many close protection officers do you need?

4. Are your close protection officers going to be armed on Russian territory? If yes, please answer questions 4a–b

4a. The number of armed officers

4b. Type of weapon and amounts of ammunition

5a. The number of radio stations

5b. Type and model of radio stations

SECTION 4 – MEDICAL CARE

1. Do you require any specific services for mobility-impaired people (wheelchair, specific transport vehicle, etc.)? Please specify the delegate name and service required.

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

DELEGATE NAME

SERVICE REQUIRED

2. Do delegates have any food allergies or food intolerance? Please specify the delegate name and type of allergy/food intolerance if any.

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

DELEGATE NAME

ALLERGY / FOOD INTOLERANCE

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3. Do members of the delegation have any diseases (concerns) that require constant medical care? If yes, please answer questions **4–5**

Yes

No

4. What medical specialists and what kind of medical equipment should be involved for medical care?

5. Will the delegation be accompanied by its own medical personnel during the visit?

Yes

No

SECTION 5* — CONCIERGE

1. Please inform us in advance on any specific requests the delegation members might have during the visit:

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

DELEGATE NAME

TYPE OF CONCIERGE SERVICES

2. Will you require excursion program arrangement? If yes, please specify places of interest you would like to visit and convenient dates

Number of delegates

Please enter the total number of delegates first. Then required number of lines will appear automatically

PLACE OF INTEREST

DATE

*** Please note that some services in the Concierge section may require additional payment**

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3. Any other lifestyle requests we should be informed about