

NOTIFICATION OF ARRIVAL FORM

CIES is required to collect this information from scholars within 10 days of arrival. **Please return to your CIES contact person immediately upon arrival.**

Council for International Exchange of Scholars
3007 Tilden Street, NW, Suite 5L
Washington, DC 20008-3009
Telephone: (202) 686-4000 • Fax (202) 362-3442

Attach **photocopies** of the following documents to this form when submitting to CIES:

- J-1 visa stamp in your passport and in any dependent's passport
- Form I-94 (small white card) stapled in your passport and in any dependent's passport
- Form DS-2019 with U.S. Port of Entry Stamp and any dependent's stamped DS-2019

ARRIVAL INFORMATION

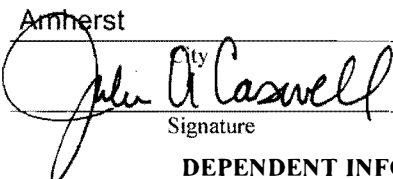
1. Name: Marcelo Caffera

2. Country: Uruguay

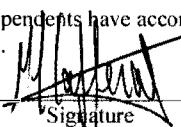
3. Date of departure from home country: 06/29/2011
Month Day Year

4. Date of arrival in the United States: 06/29/2011
Month Day Year

5. Start date of grant activities at host institution: 07/01/2011
Month Day Year

6. Verification of grant start date (*Please have a representative from your host institution verify the start date of your full-time Fulbright Grant activities.*):
 Faculty Associate Other Institutional Official
Julie Caswell - Department Chair
Name of Representative
University of Massachusetts Resource Economics
Host Institution Department
Amherst MA
City State
 07/06/2011
Signature Date

DEPENDENT INFORMATION

7. Indicate below and complete Page 2, if applicable:
- No dependents have accompanied or will join me in the United States.
 07/06/2011
Signature Date
- Dependents have accompanied or will join me in the United States.
(Complete dependent arrival information on Page 2)

VISA AND DS-2019 INFORMATION

(Refer to the J-1 visa stamp in your passport issued by the U.S. Embassy or Consulate in your country and the CIES-issued Form DS-2019.)

8. a. You should have entered the United States on a J-1 exchange visitor visa, exchange visitor program number G-1-00005.

N 0008369423

(10-digit number from top right corner of Form DS-2019)

b. If you entered on a different program number, please indicate:

Other Program Number: _____

U.S. CONTACT INFORMATION

9. Residential address (*Indicate the physical address where you are presently residing. Do not list a post office box. If your address changes, you must notify CIES within 10 days.*)

20 Triangle
Street Address (number and street) Apartment Number
Amherst MA
City State
01002 (413) 835-0059
Zip Code Telephone Number

10. E-mail address that will be used while on Fulbright Grant:

Preferred E-mail: marcaffera@um.edu.uy

Secondary E-mail: caffera@gmail.com

11. Preferred mailing address:

- In care of Faculty Associate Residential Address Other (indicate below)

Street Address (number and street) Apartment Number

City State

Zip Code Telephone Number

DEPARTURE INFORMATION

12. Were you issued a return ticket? Yes No

13. Anticipated date of departure from the United States: 08/31/2011
Month Day Year

Note: In most instances, CIES is not responsible for your return ticket and you are responsible for making return-travel arrangements, whether it requires consultation with the airline or with the Fulbright Organization in your home country.