



ALL WAYS INTERNATIONAL, INC.

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DATA SHEET

I, _____ (Last Name) _____ (First Name)
 authorize All Ways International, Inc. to process my visas as follows:

* You should be advised by your adoption agency which visa processing you should inquire, otherwise please contact Eileen Roy directly at the number mentioned above.

BUSINESS		2 WEEKS
	SINGLE	1 WEEK
	DOUBLE	NEXT DAY
TOURIST		SAME DAY

- Home Phone: _____ - _____
- Business Phone: _____ - _____
- Cell Phone: _____ - _____
- E-mail: _____
- Emergency Phone (Close relative): _____ - _____
- Adoption Agency: _____ Social Worker: _____
- Child's Russian Name: _____
- Child's Canadian name: _____
- Date of departure from Canada: ____/____/____
- Date of return to Canada: ____/____/____
- City of adoption: _____
- Any other cities you will be visiting: _____

Please provide correct shipping address for your documents where the package can be signed for upon the delivery by Federal Express / FEDEX:

Phone: _____ - _____

Signature: _____ Date: ____/____/____