

# B HONORARIA ELIGIBILITY CERTIFICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_

I, \_\_\_\_\_, arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program, or I was exempt from documentary requirements for entering the United States. I will perform the following academic services:

\_\_\_\_\_

I hereby certify to the following facts:

1. The services are being conducted for the benefit of \_\_\_\_\_.
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expenses in the case of B-2 visitor) from more than 5 institutions or organizations in the previous 6 months.

Signed under penalties of perjury,

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_