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PART 3

SHOWCASE/B1 VISA APPLICATION – POLICY OF INDEMNITY

When the member(s) or their agent/representative submit an application for a B1 Support letter (Showcase engagement letter), AFM requires a minimum of five (5) business days prior to date of entry for processing this request, along with the administration fee of $40.00.

The entertainment unit should acknowledge that after AFM accepts the application, they will be provided with a letter of support. This letter of support does not automatically guarantee entry into the United States. The border officials are the final authority to grant approval or deny entry. The AFM B1 support letter does just that: it supports the letter of invitation received from the US conference/promoter by the entertainment unit.

To legally qualify for the B-1 Entry, you further confirm by signing below, that no monetary or other forms of compensation will be received for your performance under this letter of support; compensation is anything that has a monetary value placed on it, and which is given in direct connection for services provided. Example: hotel, food/drink, registration fees/bracelets, travel. You may be required [at the US border] to present proof of your out-of-pocket expenditures to validate your B1 entry request; such as, hotel confirmation number (booked on your credit card), return flights paid by the band. If you are being charged a fee to showcase your performance, you must obtain a receipt and/or have the fee noted in the invitation/acceptance letter.

MEMBER'S ACKNOWLEDGEMENT (or his/her representative)

(click in fields to edit, tab to next field)

"I acknowledge my understanding of this policy, and all terms and conditions as stated herein above".

_____ _____

MEMBER/MUSICIAN/TECHNICIAN SIGNATURE DATE

- OR –

I am the authorized individual representative for the Entertainment Unit/Musicians known as _____ and I, being the authorized individual acting on behalf of the applicant named herein assume all responsibility to inform the musicians affected of this indemnity; and by signing **"I acknowledge this policy and its terms and conditions".**

_____ _____

REPRESENTATIVE SIGNATURE DATE

_____ _____

PHONE EMAIL

AFM REQUIRES A CONTACT IN THE CASE THAT ADDITIONAL INFORMATION IS REQUIRED or PROBLEMS:

BAND LEADER/AGENT/MANAGER: _____

TEL: _____ **EMAIL:** _____

ADDRESS: _____

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