



SAMPLE WORKSHOP INVITATION

Dear {first_name} {last_name},

It is our pleasure to invite you to the Simons Center's {event_name} held from {event__date_start} to {event__date_end} at the Simons Center for Geometry and Physics.

For information on the workshop, please visit: {event_url}

VISIT INFORMATION

The Center will provide:

1. Hotel expenses (1 room) for up to 6 nights under the SCGP room block.
2. Breakfast, lunch, and scheduled coffee breaks at the Simons Center Cafe during workshop week.

This means you are responsible for covering your travel expenses to and from the Center. We would appreciate the use of your own funding sources as much as possible, to maximize the number of participants in the workshop. Please respond to this message if you do not have travel funding available, and want to ask for financial assistance for travel costs.

PLAN YOUR VISIT

For all pertinent information regarding your visit to the center including immigration/VISA, amenities, transportation, and much more, please visit our dedicated Visitor Information page:

<https://scgp.stonybrook.edu/visitor-info>

International travelers requiring a visa: before confirming your attendance we recommend you take a look at your local consulate wait times. If you will not be able to obtain a visa before your scheduled arrival date please respond to this message. Do not book any flights until you are sure you can come to the US. This only applies to international travel, not domestic travel.

TO CONFIRM OR DECLINE

Please login to the online registration page to confirm (or decline) your attendance.

The deadline to respond to this invitation is {date_registration_deadline}.

You can access your registration information here: <https://scgp.stonybrook.edu/register>

Last Name: {last_name}

Email: {email}

Pin:{password}



HOUSING

Our housing coordinator will arrange your local accommodations. If you should have specific requests (not guaranteed), please email housing@scgp.stonybrook.edu.

INSURANCE

As a visitor of the Center it is your responsibility to hold health insurance or obtain travel medical insurance in case there are any emergency medical expenses (unexpected illness, injury or medical condition) that occur during your stay. By confirming your visit to the SCGP, you agree to this requirement.

We hope very much that you will be able to attend this conference and help make it a success. If you have any questions please email contact@scgp.stonybrook.edu or reply to this message.

Best regards,

{event__organizers}

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