



SPONSOR



AmerEx
American Exchange Organization

WORK AND TRAVEL
TEMPORADA 2024-2025



SPONSOR:

**AMERICAN EXCHANGE
ORGANIZATION**

INFORMATION



American Exchange Organization
6820 Commercial Drive, Suite D
Springfield, Virginia 22151



Web: www.amerex.org



Email: info@amerex.org



Phone: +1-751-279-0529



EMERGENCY ONLY:
+1-571-295-8411

I-94

SE DEBE REALIZAR DENTRO DE LOS 3 DÍAS DE HABER LLEGADO A LOS ESTADOS UNIDOS DE AMÉRICA.

LINK: <https://i94.cbp.dhs.gov/I94#/recent-search>

Get Most Recent I-94

Get your most recent I-94 form to prove your legal visitor status in the United States (available going back to 1983 for most classes of admission, (or parole), and indefinitely) for certain classes, such as diplomats and those admitted under the Compacts of Free Association.)

Enter Traveler Info | Most Recent I-94 Results

Enter Your Traveler Info

Note: The info returned may not reflect applications submitted to or benefits received by U.S. Citizenship and Immigration Services or Immigration and Customs Enforcement.

* First (Given) Name :

* Last (Family) Name/Surname :

* Birth Date : Day Month Year


* Document Number :

* Country Of Citizenship :

[Cancel](#) [NEXT >](#)

Proceed to your most recent I-94

Sample Passport



Enter all information exactly as it appears on your travel documentation you used to enter the U.S.
Enlarge the image to see more detail.

Privacy Notice

CBP will retain the information you submit when attempting to access your records through this website for 3 months...
[Read Full Privacy Notice](#)

INTRANET

PLATAFORMA DEL SPONSOR LLAMADA AXIS

LINK: <https://web.amerex.org/Login.aspx>



Welcome to AXIS!

(the AmerEx information System)

Existing User Login

Password

[New User Registration](#)

[Password Reset](#)

Login

ARRIVAL CHECK IN

Se debe validar la información en el sistema AXIS del Sponsor dentro de los 5 primeros días de haber llegado a los Estados Unidos.
El arrival Check In activará la tarjeta de asistencia médica.



Navigation Menu

- My Comments
- My Application
- My Documents
- **Validate**
- Change Program
- Change Password
- Logout

Participant Information	
I-94 Number *	Date of entry into U.S. *
Port of Arrival *	
Email *	Phone number in U.S. *

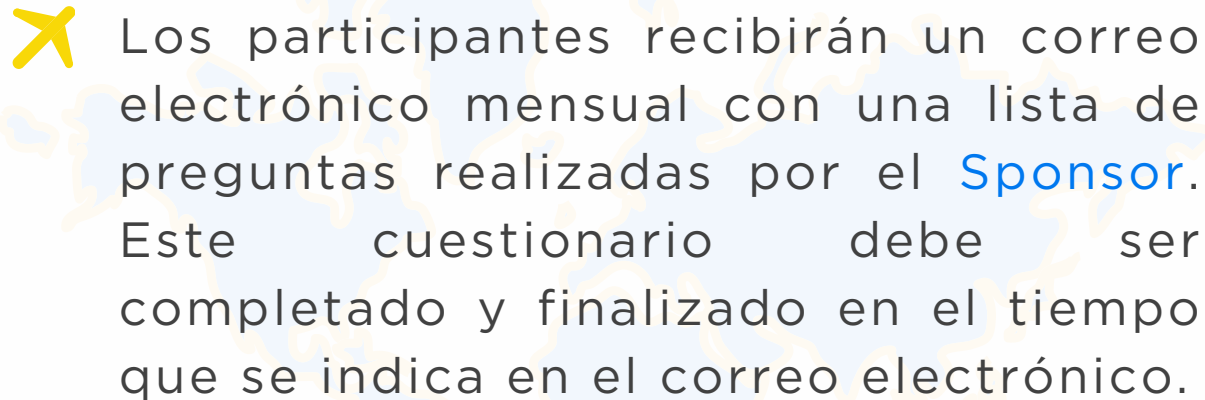
Current U.S. Address - Residence Address	
Address 1 *	
Address 2 *	
City *	State *
Zip *	Housing Community

Current Employer Information	
Company Name *	Manager's Name *
Contact Phone # *	Email *

Employer Address	
Address 1 *	
Address 2 *	
City *	
State *	Zip *

Employment Dates	
From *	Until *

MONTHLY CHECK-IN

- 
- A faint, light blue world map is visible in the background of the text area.
- ✈ Los participantes recibirán un correo electrónico mensual con una lista de preguntas realizadas por el [Sponsor](#). Este cuestionario debe ser completado y finalizado en el tiempo que se indica en el correo electrónico.



INSURANCE



INFORMATION

 Website:
www.internationalstudentinsurance.com

 Insurance Policy Number:

 Contact Information:
Phone: (877) 758-4391

INSURANCE

- ✈ La tarjeta de asistencia del participante proporciona una cobertura contra los riesgos típicos de los viajeros internacionales, como accidentes, enfermedades repentinas y más. Como se trata de una tarjeta de asistencia de viaje para una estancia temporal en el extranjero, se aplican algunas limitaciones y exclusiones.
- ✈ El Sponsor te proporcionará por medio de correo electrónico el manual de la tarjeta de asistencia y la compañía de seguro que contrató, así como también, como activar la tarjeta y la cobertura de la misma.





GRACIAS

WORK AND TRAVEL
TEMPORADA 2024-2025
