



## Application for Accommodation

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date and Place of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ passport number: \_\_\_\_\_

University \_\_\_\_\_ Field of study: \_\_\_\_\_

Status:  student  
 academic staff / senior researcher  
 other (please specify): \_\_\_\_\_

Purpose of the visit: \_\_\_\_\_

Date and time of arrival at NVIC: \_\_\_\_\_  
(if arrival is around midnight, please specify: the night of e.g. 2/3 January)

Date of departure from NVIC: \_\_\_\_\_

(please circle your answer)

Are you traveling with someone you wish to share a room with yes / no  
If yes, name of travel companion: \_\_\_\_\_

Are you, if traveling alone, willing to share a room yes / no

Do you wish our driver to pick you up at Cairo airport  
(depending on availability of the driver) yes / no

If yes, please state airline, flight number and expected time of arrival:

\_\_\_\_\_

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

Signature: \_\_\_\_\_

*please return the completed form by fax: ++ 20 2 2738.2523 or email:  
info@nvic.leidenuniv.nl*