**OFFICE OF ASSOCIATE AND FEDERATION SCHEMES**

(Ref: 431)

**ACCOMMODATION SURVEY**

(Strictly confidential)

**This form must be completed, signed and sent to: assoc@ictp.it**

**REGULAR**

Surname/Family name of Associate (in block letters please) **Daoud**

First name(s)  **Mohammed**

Date of birth **19/06/1966** Nationality **Moroccan**

(Day/month/year)

E-mail: **mdaoud@ictp.it**

Surname/Family name of **Spouse**: **Maroufi**

First name(s): **Bouchra**

Children (please indicate the number): **1**

Date of birth of each child: **31/07/2007**

* Can you please inform us if you have ever been accompanied by family members (spouse, children, mother, father) when paying an associateship visit? **Yes**
* Specify year **2013 and 2014**
* Did you request outside accommodation? **yes**
* How long did your relatives stay with you? **1 month**
* How many people required accommodation? **3**
* Did you have any special requests/ needs when asking for accommodation?
* In the future, do you think you will bring your family members, during your associateship visit? **Yes**

Signature **M. Daoud** Date **01/08/2014**

(issued 31/7/2014)