

**Simons Associate Member's Request to Visit the Abdus Salam ICTP
FORM A**

SURNAME:	First name:	Middle name(s)
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Full name & address of permanent Institution:	Tel. No.:
Address:	Cell 'phone:
City:	Telefax:
Country:	Electronic mail address:
	Zip code:

Full name & address of present Institution (if different from permanent):	Tel. No.:
Address:	Cell 'phone:
City:	Telefax:
Country:	Electronic mail address:
Temporary address valid until:	Zip code:

Expected Arrival Date at ICTP:	Expected Departure Date from ICTP:
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Field of Research:
Kindly specify below (using a maximum of 150 characters) your current main research topics:

Scientific activities taking place at the Centre during your visit which are of relevance to your research programme or scientific interest (please give SMR number).
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Research programme you plan to carry out during your visit to the Centre.

Your plans/desires as to writing papers/preprints.

Recent research work you have been doing in your country (list your publications related to the above work, if any).

Please tick box if you wish to be accompanied by a student/post-doc

Signature:

Date:

IMPORTANT

PLEASE SEND CONFIRMATION OF YOUR VISIT DATES TO THE ASSOCIATE SCHEME OFFICE EXACTLY THREE MONTHS PRIOR TO YOUR ARRIVAL DATE AT ICTP. INVITATION LETTERS ARE SENT ONLY AFTER RECEIPT OF THIS CONFIRMATION. KINDLY NOTE THAT ONCE THE INVITATION LETTER HAS BEEN ISSUED, ONLY ONE CHANGE IN YOUR VISIT DATE WILL BE CONSIDERED, BEFORE YOUR VISIT IS AUTOMATICALLY CANCELLED.