

MPIM ACCOMMODATION REQUEST

Salutation ☐ Mrs. ☐ Mr.

Family name _____

First name _____

Title _____

Nationality _____

e-mail address _____

Begin of tenancy _____

End of tenancy _____

Number of accompanying adults _____

Number of accompanying children (incl. ages) _____

Preferred accommodation

- ☐ MPIM
- ☐ Studentenwerk Bonn
- ☐ Universitätsclub Bonn
- ☐ Hotel

Preferred type of accommodation

- ☐ room in a flat share
- ☐ Studio/ Single apartment
- ☐ 2 room apartment
- ☐ 3 – 4 room apartment

Maximum amount of monthly rent - excluding additional charges _____ EUR

Additional requests

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Smoker | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Do stairs present a problem for you? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Allergies | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Parking lot | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Crib | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Childcare | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please specify special requirements _____

Date, Signature _____

Please fax this form to + 49 228 402 275 or e-mail it to admin@mpim-bonn.mpg.de

(Please advise us immediately of any subsequent changes to your visiting dates or details!)