

Visit Bookings for Teachers

Tel: (853) 2871 0570 / 2871 8063 Email: info@cmm.gov.mo Fax: (853) 2871 8018 Web: www.cmm.gvo.mo

Application: RV			Personal data collected in this form will be used for the arrangement of activity, and restricted for internal reference.	
Date:			oplicant 🛘 wants / 🖟 does not want to receive promotional formation from the Museum.	
1. School name:				
2. Contact person:			3. Tel.	
4. Fax:			5. Email:	
6. Number of teachers:			7. 1st time visit the Museum: ☐ Yes / ☐ No	
8. Visit date:	d/ m/	y/	9. Arrival & leave time:	~
Teaching: CN/EN School	Teaching: PT School	Teaching Subject		
☐ Pre-school	□ Pre-school	☐ Language (CN/EN/PT)		☐ Science
□ Primary	□ Basic	☐ Mathematics		☐ General Knowledge
☐ Secondary	☐ Secondary	☐ Physics		□ Arts
☐ Profession		□ Biolo	ogy	
☐ Superior		☐ Computer		

EN_School booking form Version:20190409