

Visit Booking Form for Institutions & Schools

Tel: (853) 2871 8570 / 2871 8063 Email: info@cmm.gov.mo

| For use by Communications Museum | |
|----------------------------------|-----------|
| Opinion: | Approval: |

| | |
|---|---|
| Application: RV -- | Personal data collected in this form will be used for the arrangement of activity, and restricted for internal reference. |
| Date: | Applicant <input type="checkbox"/> wants / <input type="checkbox"/> does not want to receive promotional information from the Museum. |

| | |
|---|---|
| 1. Group / School Name: | |
| 2. Address: | |
| 3. Contact person: | 4. Tel: |
| 5. Fax: | 6. Email: |
| 7. Visitors number: | 8. Age-class: |
| 9. Accompanies-teachers number: | 10. 1st time visit the Museum: <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| 11. Visit date: d/ m/ y/ | 12. Arrival & leave time: ~ |
| 13. Guided service & activity item number: | |
| 14. Special service or need: | |