

Visit Booking Form for Teachers

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

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. School name:	
2. Contact person:	3. Tel.
4. Fax:	5. Email:
6. Number of teachers:	7. 1st time visit the Museum: <input type="checkbox"/> Yes / <input type="checkbox"/> No
8. Visit date: d/ m/ y/	9. Arrival & leave time: ~

Teaching: CN/EN School	Teaching: PT School	Teaching Subject	
<input type="checkbox"/> Pre-school	<input type="checkbox"/> Pre-school	<input type="checkbox"/> Language (CN/EN/PT)	<input type="checkbox"/> Science
<input type="checkbox"/> Primary	<input type="checkbox"/> Basic	<input type="checkbox"/> Mathematics	<input type="checkbox"/> General Knowledge
<input type="checkbox"/> Secondary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Physics	<input type="checkbox"/> Arts
<input type="checkbox"/> Profession	<input type="checkbox"/>	<input type="checkbox"/> Biology	<input type="checkbox"/>
<input type="checkbox"/> Superior	<input type="checkbox"/>	<input type="checkbox"/> Computer	<input type="checkbox"/>