Museum Tour Request Form

Please complete the form below and send it to the museum via FAX or email at least one month in advance of the desired tour date.

		Date of	application:	/	/ dd
pose of the visit:				уууу / п	m/ dd
Applicant					
Name / Nationality				/	
Name of Organization					
Address					
Tel (incl. country code) Fax (incl. country code)					
E-mail					
Number of participants					
Reference from					
Name					
Faculty / Department					
Title					
Tel					
E-mail					
eferred tour date & time					
1 st :/ 	n/ dd	:	~	:	
2 nd :/ 		:	~	:	
 Your request is not sched the fixe schedule within 7 If you do not have any ref Photography is prohibited 	duled until you re 7 business days. I ference, we will I d; no eating or di	eceive confirma f you do not rec have to decline	tion via FAX ceive an em your reques	or email from us	
 The tour takes 30 minute 					Museum