

 **GROUP VISIT REQUEST**

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| Name of group: |
| Contact name: | Suitable day/time to contact: |
| Contact email: | Contact telephone no: |
| Proposed date(s) of visit: |
| Arrival time: | Departure time: |
| Number of people under 16: | Number of people over 16: |
| Do any of your group have special needs or requirements (delete as applicable)? YES / NOIf ‘YES’ please provide details:  |
| Type of session required (tick as applicable):🞏 Introduction to MoDiP🞏 Guided tour of the current exhibition🞏 Museum engagement session – we will contact you to discuss the services we can provide🞏 Other – please specify below |
| Additional information: |
| How did you hear about us? |
| **Please email this form to us at** **modip@aub.ac.uk**Upon receipt, a member of the MoDiP team will contact you to discuss your request further. |