

**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 / NO  If ‘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**](mailto:modip@aub.ac.uk)  Upon receipt, a member of the MoDiP team will contact you to discuss your request further. | |