

Booking a museum tour in the BMM

name (of the institution) _____
contact Person _____
address _____
city/state/zip code _____
phone mobile _____
e-Mail _____
desired date _____ alternative date _____
desired time _____

For international customers, please be sure to state the tax
identification number: _____

I'm interested in:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Permanent exhibition |
| <input type="checkbox"/> | Historical terrain tour |
| <input type="checkbox"/> | Permanent + special exhibition |
| <input type="checkbox"/> | Hist. Tour of the grounds + permanent exhibition |

Language:

German
 English

Russian
 Ukrainian
 Italian

Number of participants _____

Type of participants (e.g. students, pensioners, etc.) _____

Date: _____

Signature: _____

Please send the completed form to museums-fuehrungen@charite.de