

INFORMATION REQUIRED FOR EDUCATIONAL ACTIVITIES

NAME OF TEACHER IN CHARGE:

NAME OF INSTITUTION :

ADDRESS OF INSTITUTION :

AGE GROUP :

NUMBER OF STUDENTS :

E-MAIL ADDRESS OF OFFICER:

TELEPHONE NUMBER OF TEACHER :

FAX NUMBER OF TEACHER :

PARTICULARITIES OF GROUP:

CHOICE OF ACTIVITIES :

- **WORKSHOP/ TOUR COMBINATION**
- **ART WORKSHOP (ONLY)**
- **GUIDED TOUR (ONLY)**

CHOICE OF DATES AND HOURS:

COLLEGE AND UNIVERSITY LEVEL, PLEASE SPECIFY :

- **SYLLABUS :**
- **COURSE TITLE :**
- **LEVEL OF STUDIES :**

CAN YOU PLEASE SEND THIS INFORMATION TO THE FOLLOWING E-MAIL ADDRESS:

education.reservation@macm.org

Thank you!