

Visit Request Form

NAME OF ORGANIZATION	<input type="text"/>
CONTACT PERSON	<input type="text"/>
ADDRESS	<input type="text"/>
TELEPHONE	<input type="text"/>
FAX	<input type="text"/>
E-MAIL	<input type="text"/>

TYPE OF ORGANIZATION

SCHOOL	<input type="checkbox"/>	AGE OF PUPILS	<input type="checkbox"/>		
UNIVERSITY	<input type="checkbox"/>	UNDERGRADUATE	<input checked="" type="radio"/>	POSTGRADUATE	<input type="radio"/>
PROFESSIONAL	<input type="checkbox"/>	<input type="text"/>			
PROPOSED DATE OF VISIT	<input type="text"/>				
NUMBER OF PARTICIPANTS	<input type="text"/>				
AREAS OF INTEREST	<input type="text"/>				
PREFERRED LANGUAGE OF PRESENTATION	<input type="text"/>				

[Media Relations & Public Affairs Section; fax (022) 338 88 10]