

Education Visit Booking Form

ART
GALLERY
NSW

School / TAFE / University _____ Department _____

Teacher / Lecturer _____

Phone _____ Fax _____ Email _____

Tick one:

- Self-guided visit only
 Education program(s) (please specify):

(Name of Discussion Tour, Study Morning, Studio Session, Artist Workshop, Art Adventure tour or Guided Tour desired)

Tick one or both:

Viewing exhibition(s): _____

Viewing collection(s): _____

Date (Have two alternative dates in case your first preference is not available):

Option 1 _____ Option 2 _____ Option 3 _____

Time (Have two alternative times in case your first preference is not available):

Option 1 _____ Option 2 _____ Option 3 _____

Numbers: Students _____ Year level _____

RETURN VIA FAX TO:

PUBLIC PROGRAMS DEPARTMENT
BOOKINGS OFFICE
FAX: (02) 9225 1842
Please make one booking per form

- YOUR BOOKING WILL BE CONFIRMED VIA RETURN FAX
- INVOICES FOR PROGRAMS WILL BE SENT VIA MAIL

PUBLIC PROGRAMS BOOKING OFFICE CONFIRMATION