**BOOKING FORM FOR VISIT AT THE MAURITIUS POSTAL MUSEUM**

Visit request date:………………………………………………….. Time:……………………………………………………………..

Company Name:…………………………………………………….. Contact person: …………………………………………….

Tel. no./ Cell. No. ……………………………………………………. E-mail address: ………………………………………………

No. of visitors:……………………………………………………….. Nationality: ……………………………………………………

Special request: ……………………………………………………… Tour quide requested: ………. Yes ………. No

Payment method: …………………………………………………..

*Kindly send your booking by e-mail to* *postalmuseum@mauritiuspost.mu* *or by fax on +230 213 7054*

*………*……………………………………………………………………………………………………………………………………………………..

**For office use only**

Booking Status: ………… Confirm ………….. Pending ……………. Cancelled

Special remarks: ………………………………………………………………………………………………………………………………….

Prepared by: ……………………………………… Signature: …………………………………… Date:………………..