



## Visit Request Form

EDUCATION DEPARTMENT  
ISLAMIC ARTS MUSEUM MALAYSIA  
Jalan Lembah Perdana  
50480 Kuala Lumpur, Malaysia

T ■ 603-2092 7070  
F ■ 603-2272 5346  
E ■ education@iamm.org.my

Name of Group/School/Institutions/University : \_\_\_\_\_  
Number & Age of students : \_\_\_\_\_  
Number of educators/accompanying adults : \_\_\_\_\_  
Contact person : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_  
State : \_\_\_\_\_  
Contact no./Handphone no. : \_\_\_\_\_  
Email : \_\_\_\_\_  
Fax no. : \_\_\_\_\_

Date and time of visit (Please note: You may start your visit any time between 10:00 am to 5:00 pm)

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Group Age: (Please tick)

Pre-school     Primary     Secondary     Higher Learning Institutions (College/University)

Museum Activities (Please tick)

Museum Tour only     Education Activity Only     Tour and Education Activity

For education activities, please state your selection : \_\_\_\_\_

Please refer to the list of activities as attached.

Museum Tour (Please tick)

Guided tour     Self-guided tour

For guided tour, please choose your preferred session :

10.00 am – 12.00 pm     11.00 am – 1.00 pm     2.00 pm – 4.00 pm     3.00 pm – 5.00 pm

Preferred language to be use in the guided tour?

Malay Language     English Language

Any other special requests (i.e. wheelchair, baby stroller)? If any, please specify. \_\_\_\_\_

To confirm the details of your visit, we will contact you by email, fax or telephone.

For office use only

Name of Staff in charge : \_\_\_\_\_

IAMM stamp



BAHAGIAN PENDIDIKAN  
MUZIUM KESENIAN ISLAM MALAYSIA  
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## Borang Permohonan Lawatan

Nama Kumpulan/Sekolah/Institusi/Universiti : \_\_\_\_\_  
Bilangan & Umur pelajar : \_\_\_\_\_  
Bilangan pendidik/pengiring : \_\_\_\_\_  
Nama : \_\_\_\_\_  
Alamat : \_\_\_\_\_  
Bandar : \_\_\_\_\_  
Negeri : \_\_\_\_\_  
No. telefon bimbit : \_\_\_\_\_  
E-mel : \_\_\_\_\_  
No. faks : \_\_\_\_\_

Tarikh dan waktu lawatan (Perhatian: Anda boleh memulakan lawatan di antara 10 pagi hingga 5 petang)

Tarikh : \_\_\_\_\_ Masa : \_\_\_\_\_

Kumpulan umur (Sila tandakan)

Pra-sekolah     Sekolah Rendah     Sekolah Menengah     Institusi Pengajian Tinggi (Kolej/Universiti)

Aktiviti di muzium (Sila tandakan)

Melawat muzium sahaja     Aktiviti pendidikan sahaja     Melawat muzium beserta dengan aktiviti pendidikan

Untuk aktiviti, sila nyatakan pilihan anda : \_\_\_\_\_

Sila rujuk senarai aktiviti seperti yang dilampirkan.

Melawat muzium (Sila tandakan)

Lawatan berpandu     Lawatan tanpa jurupandu

Untuk lawatan berpandu, sila pilih sesi pilihan anda :

10.00 pg – 12.00 tgh     11.00 pg – 1.00 ptg     2.00 ptg – 4.00 ptg     3.00 ptg – 5.00 ptg

Pilihan bahasa ketika lawatan berpandu?

Bahasa Melayu     Bahasa Inggeris

Sila nyatakan jika mempunyai lain-lain permintaan (contoh: kerusi roda, kereta sorong bayi) \_\_\_\_\_

Untuk pengesahan lawatan, kami akan menghubungi anda melalui e-mel, faks atau telefon.

Untuk kegunaan pejabat sahaja

Nama pegawai yang bertugas : \_\_\_\_\_

Cop MKIM