



APPLICATION FOR GROUP TOURS AT THE CENTRAL MEDICAL LIBRARY, MU-SOFIA

* INFORMATION ABOUT THE VISITING GROUP: (School / Institution, etc.)

* ADDRESS:

* CONTACT PERSON (Name and position):

* TEL.NUMBER: :

* EMAIL:

* NUMBER OF VISITORS:

* AGE:

* INTERESTED IN:

* **DATE** (DD/MM/YYYY)
(preferred date)

Additional information:

*Required fields

Once completed, please send this form by email to library@cml.mu-sofia.bg at least 3 working days before your preferred date for visiting the library.