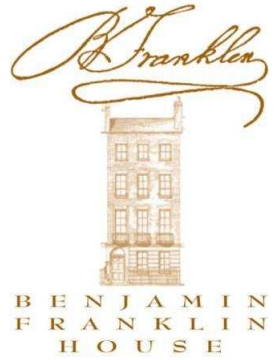


Benjamin Franklin House Group Visit Booking Form



Group Leader's Name: _____
Organisation Name: _____
Address: _____

Postcode: _____ Contact Telephone: _____

Email Address: _____

Type of Group (eg. University/college/general interest): _____

Number in Group: _____

Type of Visit (please tick): _____ Daytime _____ Evening (after 6pm)

Preferred Date of Booking: _____

(We will contact you to discuss your visit, and/or provide alternatives if this date is not available)

Please choose up to two preferred options for your visit:

- _____ Historical Experience/ or the Architectural Tour (Mondays)
- _____ Lightning Demonstration
- _____ Glass Armonica Demonstration
- _____ Craven Street Bones Lecture

Does your group have any special requirements (eg. access)?: _____

Please return this form to: Group Visits, Benjamin Franklin House,
36 Craven Street, London, WC2N 5NF/
supervisor@benjaminfranklinhouse.org or call 020 7839 2008