

# STAFFORDSHIRE AND STOKE ON TRENT ARCHIVE SERVICE

## BOOKING REQUEST FORM FOR TALKS/GROUP VISITS

NAME OF ORGANISATION:

CONTACT NAME:

CONTACT ADDRESS:

CONTACT TELEPHONE NUMBER:

E mail address:

TITLE OF TALK REQUESTED :

GROUP VISIT: Staffordshire Record Office/Lichfield Record Office/William Salt Library  
(delete as appropriate)

PREFERRED DATES

1.

(Please give a minimum choice  
of two dates)

2.

VENUE:

(Directions/map nearer the date of  
the talk would be appreciated)

TIME:

ARE YOU ABLE TO PROVIDE:

(Please tick as appropriate)

SCREEN/PROJECTOR/OHP/  
PROJECTOR STAND/  
EXTENSION CABLE/  
TABLE FOR PUBLICATION SALES

DO YOU HAVE MEMBERS OF YOUR GROUP WITH A HEARING/VISUAL  
DISABILITY? IF SO, CAN YOU PLEASE SPECIFY TO ENABLE US TO PROVIDE AN  
EFFECTIVE PRESENTATION.

IS YOUR VENUE ACCESSIBLE TO WHEELCHAIR USERS?

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FOR OFFICE USE ONLY

ACCEPTED/CONFIRMED:

ARCHIVISTS INITIALS:

DIARIES: ELECTRONIC/OFFICE

FEE DUE:

FEE PAID:

RECEIPT NUMBER: