

**VISIT LUMS**  
**REQUEST FORM**

If you are part of, or organizing a visit on behalf of, an educational institution , please complete and send this form at least 6 working days prior to the planned visit to LUMS.

Coordinators Name: _____
Organization: _____
Phone Number: _____
Mobile Number: _____
Postal Address: _____
_____
Email Address: _____
Fax Number: _____
Date: _____

**Visitors Profile:**

Institution/ Organization: _____
Postal Address: _____
Phone Number: _____
Fax Number: _____
Accompanying co-ordinators mobile number: _____
Email Address: _____
Number of visitors: _____
Preferred Date of visit: _____ Time: _____ till _____
Alternative date: _____ Time: _____ till _____
Any special requirement(s): _____

**Please note that filling and sending this request form does not confirm your visit to LUMS. Although a representative will contact you in this regard and will confirm in the form of email of fax, but you are requested to reconfirm the schedule 24 hours before your arrival.**

<p><b><u>Please send this form to:</u></b></p> <p><b><u>Amer Mushtaq</u></b> <b><u>External Relations Department</u></b> <b><u>Fax: 92-42-5725048</u></b> <b><u>Email: <a href="mailto:amer.mushtaq@lums.edu.pk">amer.mushtaq@lums.edu.pk</a></u></b></p> <p><b><u>Phone: 92-42-5722670-79 (ext. 4202)</u></b></p>
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Thank You!