

roadLAB



Booking request

Name of the educational institution: _____

Type of school: _____

Age of the pupils/participants: _____

Address of the educational institution: _____

Contact

Point of contact: _____ Phone number: _____

Email: _____

Time period and utilisation

Desired time period: _____

alternative desired time period: _____

Desired duration of the visit (ideally at least one week): _____

Approximate number of groups/classes to visit the roadLAB: _____

Age of the participants: _____



Local collaborations

Are there other educational institutions in the immediate vicinity that could also use the roadLAB?

JA NEIN

Please specify (type of school, name): _____

Local infrastructure

Is there a parking space for the vehicle? YES NO

Is there a parking space for the vehicle with the possibility to set up tables in front of it? YES NO

Are there three-phase sockets near the parking space? YES NO

Is there a room that can be used for workshops during the visit? YES NEIN

Information about the room (floor, possible period of use, number of electric sockets, availability of computers): : _____

Is the room accessible via lift? YES NO

Dimensions of the lift: _____

Other remarks: _____



Please complete and return the form to roadlab@tmw.at. We will contact you with any further questions.

