|  |
| --- |
| **EVENT NAME / TITLE** |
|  |
| **CONTACT DETAILS** |
| Name:  Email:  Telephone Number:  Organisation (where applicable): |
| **DESCRIPTION OF THE EVENT** |
|  |
| **START AND FINISH DATES AND TIMES** |
|  |
| **ESTIMATED COSTS AND SOURCE OF FUNDING** |
|  |
| **DETAILS OF ANY OTHER PARTNERS / ORGANISATONS INVOLVED** |
|  |
| **PLEASE SPECIFY: THE EVENT AUDIENCE** |
|  |
| **PLEASE SPECIFY: THE MARKETING NEEDS** |
|  |

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| --- |
| **DESCRIPTION OF HOW THE EVENT WILL FIT WITH THE MUSEUM’S SUBJECT MATTER OR FOCUS**  **(MAX 500 WORDS)**  **Our focus:** To explore the transformative impact of image and sound technologies on our lives and connecting with the City of Bradford |
|  |

**NATIONAL SCIENCE AND MEDIA MUSEUM NOTES**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERNAL REFERENCE** |  | **APPROVED** (yes/no) |  |
| **SMT LEAD** |  | **NSMM STAFF LEAD** |  |
| **FURTHER COMMENTS:** | | | |
|  | | | |