SUBMIT BY EMAIL

BPAI Tour Request Form

Hearing Rooms – Madison East, 9th
600 Dulany Street, Alexandria, VA 22314

Name of Group/Organization/School:_____

Contact Name:_____Email address: _____

Address:_____

Phone Number: _____Fax number: _____

Tours are scheduled once a month on the second Friday between 1:00 PM – 3:00 PM

Requested tour date: _____ ___Time: 1:00 PM – 2:00 PM
___Time: 2:00 PM – 3:00 PM

Alternate tour date: _____ ___Time: 1:00 PM – 2:00 PM
___Time: 2:00 PM – 3:00 PM

Number of visitors (Max: 15): _____

Special Needs: _____
_____
_____

For Staff Use Only
Tour Confirmed Date: _____ Initials:_____
Staff/APJ Assigned to Visit:_____
Special Notes:_____