

# request for exhibition

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Name of borrowing institution

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Address

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City

State

Zip code

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Name and title of institutional contact

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Tel

Fax

E-mail

**If the exhibition will be displayed at a different location, or if more than one agency will be involved in presentation of the exhibition, please complete the following:**

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Exhibition venue

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Address

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City

State

Zip code

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Name and title of institutional contact

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Tel Fax

E-mail

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Name of exhibition

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Preferred dates for presentation of the exhibition

**Please send this form with completed facility report, floor plan of space in which exhibition will be installed, and general institutional information (such as brochures, calendars, and clippings) to:**

Traveling Exhibitions  
United States Holocaust Memorial Museum  
100 Raoul Wallenberg Place, SW  
Washington, DC 20024-2126