



# Exhibit Request Form

## Borrowing Institution

Name of institution \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Name and title of institutional contact \_\_\_\_\_

Telephone and Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred dates for presentation of the exhibit:

Choice 1 \_\_\_\_\_

Choice 2 \_\_\_\_\_

## Exhibit Venue

Name of exhibit venue \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Name and title of institutional contact \_\_\_\_\_

Telephone and Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Other Institutions Involved

Name of institution \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Name and title of institutional contact \_\_\_\_\_

Telephone and Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please send this form with completed facility report, floor plan of exhibit space, and general institutional information to:

Traveling Exhibit  
Hatikvah Holocaust Education Center  
1160 Dickinson Street  
Springfield, MA 01108

Rental dates will be confirmed within 30 days of receipt of completed application.