Thank you for your interest in hosting a National WWII Museum traveling exhibit. Please complete this form and return it with the supporting materials listed below.

Title of requested exhibit

Preferred dates for exhibit presentation

Name of borrowing institution

Address

City State Zip

Institutional contact

Telephone number Email Fax

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

Name of borrowing institution

Address

City State Zip

Institutional contact

Telephone number Email Fax
Why does your institution want to host this exhibit?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What is your institution’s annual attendance? __________________________________________________________

Has your institution presented World War II-themed exhibits or programming before? If so, please provide one or two examples.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What types of programming might your institution plan in conjunction with the presentation of this exhibit?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Do you have, or anticipate having, any community partners, corporate or media sponsors for this exhibit?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please return this application to the Museum along with your:
• Facility Report
• Floor plan of the space in which you intend to install the exhibit

You may e-mail these materials to jenney.fazande@nationalww2museum.org or mail them to:
The National WWII Museum
Attn: Traveling Exhibit Manager
945 Magazine St.
New Orleans LA, 70130-3813
Phone: 504.528.1944 ext. 456