

## Traveling Exhibit Application

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 presentati	on	
Name of borrowing institution		
Address		
City	State	Zip
Institutional contact		
Telephone number	Email	Fax
If the exhibit will be displayed at a dif presentation of the exhibit, please co	ferent location, or if more than one institumplete the following:	ution will be involved in the
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