

Special Collections Guest Exhibit Proposal Form

Please submit completed form to Greta Browning (browningge@appstate.edu)



Exhibit Information

Proposed Title:

Location: 4th floor cases (3) in Atrium (All three cases must be used for the exhibit)

Preferred Dates of Exhibit (DD/MM/YY – DD/MM/YY):

Alternate dates (DD/MM/YY):

Contact Information

Name:

Department/Organization:

Email:

Phone:

Exhibit Description

Please provide a brief description of the exhibit including a list of materials being exhibited as well as library materials if necessary.

Are there any special needs or requirements for the exhibit? No Yes If yes, please describe below.

Agreement

I certify that I have received, read, and understood the Special Collections Exhibit Policies prior to submitting this application. I understand that unforeseen circumstances may require that the library remove the exhibit or any portion of the exhibit and that I will be notified if such circumstances arrive. I release the library of any liability for the security or welfare of the exhibit at any time, including transport, installation, display, and dismantling.

Signature _____ Date _____

For Library Use Only: Proposal accepted: Yes ___ No ___ Reservation confirmed: Yes ___ No ___