



International Women's Air & Space Museum Traveling Exhibit Request

Exhibit Requested: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Contact Tel.#: _____

Contact email: _____

Date Needed: _____ Date or Return: _____

Special Notes/Requests: _____

Organization Agrees to the following:

- Exhibit must be requested at least two weeks in advance and will be on display for no more than 60 days.
- Exhibit will be in a protected environment – behind glass or in the view of organization personnel.
- Museum brochures will be made available for patrons throughout the time the exhibit is on display.
- Label copy stating that the exhibit is courtesy of the International Women's Air & Space Museum will be displayed.
- Any exhibit piece that is destroyed or missing will be replaced.
- Exhibit will be sent to our site and returned to museum (unless directed to send it elsewhere by the museum).

Signature: _____ Title: _____

Date: _____

Return to IWASM via mail at 1501 North Marginal Rd, rm 165, Cleveland, OH 44114-4414 or fax 216-623-1113

International Women's Air & Space Museum
1501 North Marginal Road, Rm 165 • Cleveland, Ohio • 44114
Telephone: (216) 623-1111 • Fax: (216) 623-1113
www.iwasm.org