



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 four weeks in advance.
- 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).

Signature: _____ Title: _____

Date: _____

Return to IWASM via mail, fax, or email to halexander@iwasm.org

International Women's Air & Space Museum
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www.iwasm.org