

traveling exhibitions

Community Involvement Assessment

General Information

Host name _____

Exhibition title _____

Exhibition dates From _____ To _____

Exhibition hours Please note hours the exhibition was regularly open to the public

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Did you have special hours for school groups? _____ If so, when? _____

Please list any exhibition partners, sponsors, or donors

Visitation Figures

Total number of visitors to the exhibition _____

Drop-in visitors _____

School group visitors _____

Number of school groups _____

Adult (nonschool) group visitors _____

Number of adult groups _____

Special events visitors/others _____

Method used to count visitors _____

How do these visitation figures compare with other exhibitions you have organized or hosted?

Total institutional visitation for the last full calendar year _____

Please return to: Traveling Exhibitions • United States Holocaust Memorial Museum
100 Raoul Wallenberg Place, SW • Washington, DC 20024-2126
Fax 202.314.7822