

traveling exhibitions

# application

**Thank you for your interest in hosting a United States Holocaust Memorial Museum traveling exhibition. Please complete this form and return it with the supporting materials listed on the reverse side.**

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Title of requested exhibition

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Preferred dates for presentation of exhibition

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Name of borrowing institution

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Address

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City

State

Zip code

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Institutional contact

Title

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Tel

Fax

E-mail

**If the exhibition will be displayed at a different location, or if more than one institution will be involved in the presentation of the exhibition, please complete the following:**

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Exhibition venue

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Address

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City

State

Zip code

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Venue contact

Title

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Tel

Fax

E-mail

**UNITED STATES HOLOCAUST MEMORIAL MUSEUM**

**Why does your institution want to host this exhibition?**

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**Has your institution presented Holocaust-themed exhibitions or programming before? If so, please provide one or two examples.**

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**What types of programming might your institution plan in conjunction with the presentation of this exhibition?**

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**Do you have, or anticipate having, any community partners for this exhibition?**

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**Please return this application to the Museum along with your:**

- Facility report
- Floor plan of the space in which you intend to install the exhibition
- General institutional materials (e.g., brochures, calendars, clippings, etc.)

**You may e-mail these materials to [traveling@ushmm.org](mailto:traveling@ushmm.org) or mail them to:**

Traveling Exhibitions  
United States Holocaust Memorial Museum  
100 Raoul Wallenberg Place, SW  
Washington, DC 20024-2126