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## EXHIBIT/DISPLAY AGREEMENT

## **EXHIBITOR INFORMATION:** NAME: CONTACT PERSON, IF A GROUP: ADDRESS: TELEPHONE: EMAIL: **EXHIBIT INFORMATION:** TITLE/SUBJECT: MEDIUM: SPACE REQUIREMENTS: NUMBER OF PIECES: DISPLAY DATES: TO I have read, and agree to comply with, all conditions outlined in the Pearle L. Crawford Memorial Library Exhibit/Display/Bulletin Board Policy. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ LIBRARY USE ONLY

Agreement/release form received (date):

Library Director signature:

Updated: 2/7/15