

FIT Library Exhibits & Displays Display Reservation and Agreement Form

Exhibitor's Name and Contact Information:

Name: _____

Department/Organization: _____

Email: _____

Phone: _____

Title of exhibit: _____

Opening and closing dates of exhibit: _____

Setup start date (no more than 5 days prior to scheduled opening): _____

Location of exhibit & cases required: _____

I, the Exhibitor, have reviewed, understand, and agree to abide by the FIT Library Exhibits & Displays Protocols, regarding the reservation and use of library exhibit space. I agree to assume responsibility for the display and to insure that it is mounted and removed on time and that its contents and design are consistent with the requirements and guidelines set forth in the above-mentioned protocols.

I acknowledge that the Library accepts no responsibility for the theft, loss or damage of any display items exhibited at the Library, and certify that all persons submitting work for this display understand and agree to this waiver.

I agree to notify the Exhibits Coordinator immediately if the exhibit is cancelled or if there are any modifications to the information stated above.

Signature

Date

For Library Use:

Application received by: _____ Date: _____

Comments: