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: