

Amelia V. Gallucci-Cirio Library

Display Space Reservation Request Form

Name of Requestor:

Address of Requestor:

Organization requesting display space:

Is this organization or individual affiliated with FSC? Yes No

Phone number/extension:

Briefly describe the nature and purpose of the display:

Period during which you wish to display:

Please indicate which display space you prefer.

Display Cases How many?
Wall space ___ Which floor(s)_____

I have reviewed, understand, and agree to abide by the Policies and Guidelines Regarding Use of Display Cases. I agree to assume responsibility for displays and that they will be set up and dismantled on time.

Signature _____

For Library Use Only

Application received by:

Date:

Application approved by:

Date:

Confirmation Letter sent by:

Date:

Application disapproved by:

Date:

Notes: