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## EXHIBIT APPLICATION

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Complete all sections below

### ORGANIZATION INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

PURPOSE OF ORGANIZATION: \_\_\_\_\_

### APPLICANT INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### EXHIBIT INFORMATION

DATE REQUESTED: SET-UP (DAY, DATE, TIME) \_\_\_\_\_

REMOVAL (DAY, DATE, TIME) \_\_\_\_\_

PURPOSE OF EXHIBIT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTENTS/DESCRIPTION—PLEASE LIST NUMBER AND TYPE OF ITEMS, ETC. LIBRARY MAY REQUIRE VISUAL REPRESENTATION OR LAYOUT,  
(ATTACH ADDITIONAL SHEETS IF NECESSARY): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE READ AND UNDERSTAND THE PATTERSON LIBRARY EXHIBIT POLICY AND AGREE TO ABIDE BY THOSE RULES.

NAME (PLEASE PRINT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*IF YOUR APPLICATION IS APPROVED, YOU WILL BE CONTACTED REGARDING SCHEDULING.**

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

PATTERSON LIBRARY  
ATTN: PUBLIC RELATIONS  
PO BOX 418  
PATTERSON, NY 12563

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE SCHEDULED: \_\_\_\_\_