OREGON PUBLIC LIBRARY
EXHIBITOR APPLICATION

Name:_____

Organization:_____

Requested Installation Date:_____

Requested Takedown Date:_____

Describe the items you would like to display below (or attached):

Item Dimensions/Condition

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____Date_____

Telephone _____

Email_____

Website_____