

**PLEASE NOTE:** As agreed upon in your contract, this report must be returned to the address below **within 30 days of the exhibition closing.**

### General Information

Host name

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Exhibition title

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Exhibition dates

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Exhibition contact person

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Please list any exhibition partners, sponsors, or donors

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### Exhibition Attendance

Total number of visitors to the exhibition  actual  estimate

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Drop-in visitors  actual  estimate

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School group visitors  actual  estimate

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Number of school groups (up to and including high school)  actual  estimate

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Nonschool group visitors  actual  estimate

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Number of nonschool groups (prearranged adult group visits)  actual  estimate

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Please explain the method used to gather the visitation numbers listed above

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How do these visitation figures compare with other exhibitions you have organized or hosted?

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Total institutional visitation for the last full calendar year

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## Public Programs

Please list any programs and events your institution or partner institutions organized in conjunction with the exhibition, including opening receptions. You may attach additional sheets of paper if necessary.

Program name \_\_\_\_\_

Program date \_\_\_\_\_

Program location \_\_\_\_\_

Program description \_\_\_\_\_

Target audience \_\_\_\_\_

Attendance \_\_\_\_\_

Exhibition accessible before/during/after program? \_\_\_\_\_

## Publicity

Please list any press the exhibition received while at your institution and include a copy of all publicity materials, including posters, flyers, ads, invitations, newspaper articles, etc. with this report. Please also send exhibition photos electronically to [traveling@ushmm.org](mailto:traveling@ushmm.org).

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

## Comments

Please share any comments you have about the exhibition itself or the impact it made on your community. Comments are valuable in exhibition reports to funders, and we appreciate you taking the time to respond.

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

## Submitted by

Name \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Return this form and attachments within 30 days of the exhibition closing to:**

Traveling Exhibitions Manager  
United States Holocaust Memorial Museum  
100 Raoul Wallenberg Place, SW  
Washington, DC 20024

[ushmm.org](http://ushmm.org)