OPENING REPORT

Please return before the opening of the exhibit.

1. Title of exhibit _____

2. Date received by your institution _____

3. All items on checklist accounted for? _____

4. Are there any damaged panels? _____

   If so, please describe: _____

   _____

   _____

   _____

5. Person (s) responsible for the exhibit while at your institution:

   Name _____

   Address _____

   _____

   City, state, and zip code _____

   Telephone number _____

   Email Address _____

Please mail to:
Outreach Programs Coordinator
Museum Division
Mississippi Department of Archives and History
P.O. Box 571
Jackson, MS 39205-0571