

CLOSING REPORT

Please submit at the close of the exhibit.

1. Title of exhibit _____

2. Date shipped from your institution _____

3. Shipped to _____

4. Estimated number of persons which viewed the exhibit while at your institution

5. If the exhibit was shown at branches of your institution, please give an estimate of the attendance with the name of each branch.

Your signature _____

Institution _____

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