

**Wisconsin Historical Society Museum Exhibit Award
Nomination Form**

Name of Institution/Organization:

Address:

Organization's budget totals _____ for _____
year

Contact Person:

Title:

Telephone: (____) ____-____ email:

Exhibition Title:

Exhibit Summary: (brief description of exhibit topic)

Type of Exhibition: _____ Permanent _____ Temporary _____ Traveling

Dates: opening date ____/____/____ closing date: ____/____/____

Please describe special events/programs/educational materials produced for exhibit:

Please attach a narrative (not to exceed six double-spaced pages) that describes the exhibition and specifically addresses the criteria; your organization's budget, and a selection of no more than 10 captioned images, either as color slides or jpeg files on a CD. Nominations may include supplemental materials such as a copy of the final exhibition script, label text, and a one-page floor plan.

Mail completed nomination to Director; Wisconsin Historical Museum; 30 North Carroll Street; Madison, WI 53703