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



Name of Institution/Organization: Street Address: City, State, Zip:	
Organization's budget totals \$	for (yyyy)
Contact Person: Telephone:	Title: Email:
Exhibition Title: Exhibition Summary (brief description of exhibit topic):	
Type of Exhibition: Permanent Ter	mporary Traveling
Opening and Closing Dates (mm/dd/yyyy-mm/dd/yyyy):	
Please describe special events/programs/educational materials produced for exhibit:	
specifically addresses the criteria; your organizationed images, either as color slides or jp	double-sided pages) that describes the exhibition and inization's budget, and a selection of no more than 10 beg files on a CD. Nominations may include final exhibition script, label text, and a one-page floor

Mail completed nomination: Wisconsin Historical Society Attn: Brian Thompson 816 State Street Madison, WI 53706