APPLICATION FOR TRAVELING EXHIBIT (T.I.E.S.)

Copy this form or download it from the State Historical Society website at www.history.nd.gov.

Reservations are processed on a first-come, first-served basis. Please allow a minimum of two weeks lead time. If you are requesting commercial shipment, the shipper will return to pick up the exhibit at the end of your use period upon request of our agency. Be sure to fill out and send your request to the T.I.E.S. Program, Museum and Education Division, SHSND, 612 East Boulevard Avenue, Bismarck, ND 58505-0830. Keep a file copy of your request. Call (701) 328-2794 with questions. Make checks payable to the State Historical Society of North Dakota.

Name of Organization		Contact Person		
Mailing Address		_ City	State Zip	
Home Telephone	Business Telephone			
Exhibit Requested				
Dates: 1st Choice — From	To	2nd Choice — From	To	
Signature of Contact Person				
This exhibit will be shown at t	the following facil	ity:		
Street address is required as this will also be	e used for shipping. Plea	se no P.O. box.		
Name	Address	Address		
City	State Zip_	Estimated community visitation		
The exhibit will be monitored for secu The T.I.E.S. exhibits may be p Which option do you desire?			nter or be shipped to you.	
PICKUP OPTION — \$25		SHIPPING OPTION —	\$150	
☐ Exhibit will be picked up from and the Heritage Center by exhibit req		☐ Exhibit will be shipped commercial shipper.	both ways via	
	ull payment must be reco	Payment of \$150 per exl (\$25 user fee and \$125 s \$500 inclusive cost for ceived prior to shipping or pickup. cipients are responsible for replacem	shipping fee— out-of-state request).*	
☐ Please send me information about	the State Historical So	ciety Foundation's membership	program.	