Delta State University Archives & Museum
This Delta: Photographs by Debra L. Ferguson
Borrowing Institution Information

Name of Borrowing Institution: ________________________________________________

Contact Person: _____________________________________________________________

Address: ___________________________________________________________________

Phone: __________________ Fax: _____________________________________________

E-mail: ____________________________________________________________________

Proposed Exhibition Site: ____________________________________________________

☐ Check here if same as above address.

Description of Space:

Note floor level, access doors, level of flow of traffic, etc. You may attach a photo here.

Desired Exhibition Dates: (Not to exceed five weeks)

1st Choice ________________________________

2nd Choice ________________________________

3rd Choice ________________________________

Please attach a letter of your intent to host the exhibit. It is not required, yet if you plan to host ancillary activities in association with this exhibit, please include this in the letter.