Thank you for your interest in hosting your event at Holocaust Museum Houston.

Company/Organization: ________________________________________________________________

Contact Name: ___________________________ Contact Title: ______________________________

Telephone Number: (Business) ____________________________ (Cell) _______________________

Preferred date/s: ___________________________ Anticipated # Attending: ________________

Start Time: ___________________________ End Time: ___________________________

Brief Description of Event: __________________________________________________________
_______________________________________________________________________________

Requested Event Package(s)/Event Space(s):

☐ Exemplars Package              ☐ Lorraine and Ed Wulfe Board Room
☐ Butterfly Package              ☐ Classrooms (up to 4 available)
☐ Hope Package                  ☐ ______ # of Classroom(s) Requested
☐ Upstander Package             ☐ Eric Alexander Outdoor Amphi-
☐ Samuel Bak Gallery & Learning    theater
       Center

Audio/Visual Equipment Required: (If yes, complete A/V form): ☐ Yes ☐ No

I would like to incorporate the following into my package:

☐ Curatorial Vault Tour ($500)              ☐ HMH Education Training ($150/hour)
☐ Docent-led Tour ($100)                   ☐ HMH Speaker
☐ Donation on behalf of your guests      ☐ Museum Membership discounts
☐ Event favors and/or goodie bags

By signing my name below, I understand that my event is not confirmed until approved by Holocaust Museum Houston. If approved, Event Host Representative must submit a Certificate of Insurance and 25% of the total rental fee must be paid at the time the event is booked, with the rest due no later than 30 days prior to the event.

Printed Name (Event Host Representative)        Title (Event Host Representative)

_________________________________________    ______________________________________
Signature (Event Host Representative)          Date (Event Host Representative)