

## **FACILITY RENTAL INTEREST FORM**

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

Company/Organization:					
Contact Name:		Contact	Contact Title:		
Tele	ephone Number: (Business)		(Cell)		
		/	Anticipated # Attending:		
		End Time:			
Brie	ef Description of Event:				
_	uested Event Package(s)/Event Spac				
	Exemplars Package			e and Ed Wulfe Board Room	
	Butterfly Package			ooms (up to 4 available) # of Classroom(s) Requested	
	Hope Package			exander Outdoor Amphitheater	
	Upstander Package Samuel Bak Gallery & Learning			and Ethel Herzstein Theater	
	Center				
Aud	lio/Visual Equipment Required: (If ye	s, complete A/\	V form): □	Yes □ No	
l wo	ould like to incorporate the following	into my packaç	ge:		
	☐ Curatorial Vault Tour (\$500)	1		IMH Education Training	
	□ Docent-led Tour (\$100)			\$150/hour)	
	Donation on behalf of your			IMH Speaker	
	guests			Museum Membership liscounts	
	<ul><li>Event favors and/or goodie bags</li></ul>				
Mus 25%	signing my name below, I understand th seum Houston. If approved, Event Host of the total rental fee must be paid at t in 30 days prior to the event.	Representative	must subr	nit a Certificate of Insurance and	
Prin	nted Name (Event Host Representativ	re) Title (Even	t Host Re	presentative)	
Siar	nature (Event Host Representative)		nt Host Re	presentative)	