EXHIBIT/DISPLAY REQUEST

PLEASE SUBMIT REQUEST IN WRITING-Complete this form and email to mcheritage@att.net or mail to: P. O. Box 1929 Attn: Museum Director McAllen, Texas 78502

All REQUESTS WILL REQUIRE SUFFICIENT TIME FOR REVIEW AT THE DISCRETION OF THE MHC.

MHC RESERVES THE RIGHT TO DECLINE ANY REQUESTS SUBMITTED.

Applicant: (Person, Organization or Group Name): _____

Contact Person: _____ **Phone:** _____

Address: _____ **Email:** _____

EXHIBIT TYPE: (check appropriate category):
___Individual___Group___Family___Business___Medical____Education___Restaurant___Banking___Downtown

___Pioneer___General artifacts: (insert brief description here)_____

___Industry: (insert type)_____ **____Other: Describe:**_____

In general, MHC exhibits are required to consist of and pertain to McAllen history. Regional information of historical value to this area will be considered. Please provide a concise description of the exhibit below. Please be advised that if the exhibit request is approved by MHC, additional details and documentation will be required and the timeframe for completion and opening of the exhibit will be determined by MHC. Although MHC welcomes input by exhibit applicant/s, please be advised that exhibits are fully managed by MHC. (A separate sheet may be attached.)

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