

Silent Witness Nova Scotia



Silent Witness Nova Scotia
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Exhibit Agreement

Silent Witness Nova Scotia agrees to make the Silent Witness exhibit available for display to:

Organization: _____

Contact Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

Type of Event: _____

Brief Description: _____

Location of Event: _____

Date of Event: _____

Number of Silhouettes requested: _____

(If you would like specific silhouettes please indicate their names on a separate sheet).

In return you agree to the following:

1. You will follow the appropriate rules set out in Rules for Booking and Handling the Exhibit.
2. You will promote the goals of the Silent Witness Nova Scotia and acknowledge the Silent Witness Organizing Committee.
3. If a silhouette is lost, broken or damaged, your organization will be financially responsible for replacement or repair.
4. You will be responsible for the costs of getting the silhouettes to your event and returning them to the host site of the silhouettes.

If you are in agreement with these conditions, please sign and return both copies of this agreement to the fax or mailing address provided. A signed copy will be returned to you for your files.

Booking Organization

Silent Witness Nova Scotia

Date

Date