



400 Johnson Street
New Bern, NC 28560
252-638-7800 – Phone; 252-638-7817 – Fax
reservations@nbccpl.org

Exhibit or Display Application

Name of Group/Individual: _____

Type of Group: Community Organization Government Agency
 Non-Profit / Not-for-Profit EIN _____
(Required for proof of non-profit status)
 Other (explain): _____

Name of Applicant: _____

Address _____

Email _____

Phone (H) _____ Phone (C) _____ Phone (W) _____ Fax _____

Person in Charge of Exhibit or Display:
(if not applicant) _____

Address _____

Email _____

Phone (H) _____ Phone (C) _____ Phone (W) _____ Fax _____

Name of Exhibit or Display: _____

Exhibit or Display Area Needed:
(please mark all that apply) Wall Unit Floor Cabinet Small Glass Cabinet

Dates of Exhibit or Display Begin: _____ End: _____

May we give this information to the public, if asked: Yes No

I have read the Exhibit or Display Policies & Procedures.

Applicant's Signature _____

Date of Application _____

Library Use Only: Received by: _____

Approved: Yes No Reason denied: _____

Date Notified: _____ By: _____