UBC ASIAN LIBRARY: EXHIBITOR AGREEMENT

Name of Organization (if applicable):				
Contact Person:		Title:		
Address:				
Phone:	Email:			
Space requested (check all that apply): \square small	case (foyer) 🗆 larg	ge case (fo	yer) 🗆 library o	ases (upper floor)
Date(s) requested (including set up and take dow	/n):	, 20	to	, 20
Set up date/time:	Take down date	e/time:		
Title of the Exhibit:				
If you have any questions, please do not hesita 604.827.2760, or inquire at				