

NLM Traveling Exhibition Host Venue Report

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Thank you for hosting an NLM Traveling Exhibition. Please share your successful hosting experience about visitors and activities using this online host venue report. We ask that you submit the report within 2 weeks of the end of your booking period.

* This form will record your name, please fill your name.

Host Venue Information

1. Contact Name *

2. Organization *

3. Email *

4. Phone number *

Traveling Exhibition Display and Visitors

5. Traveling Exhibition Title

6. Exhibition Display Opening Date: *

Please input date (M/d/yyyy)



7. Exhibition Display Closing Date *

Please input date (M/d/yyyy)



8. Total Number of Exhibition Visitors *

9. Visitor Counting Method *

Actual Count

20% of Gate Count

Activities while Hosting the Exhibition

10. If you had any programs and events as part of hosting the traveling exhibition, please provide a summary below.

11. Total Number of Activity Attendees or Participants

12. Please let us know, if any programs or events introduced to visitors/attendees NLM health information resources such as (mark all that apply):

- MedlinePlus
- MedlinePlus en Español
- PubMed
- PubMed Central
- [ClinicalTrials.gov](https://clinicaltrials.gov)
- Other

13. Please tell us if you worked with a Regional Medical Library (RML) for programming activities related to hosting the exhibition.

No, we did not work with an RML.

Yes, we worked with our RML

Additional Comments

14. Please share any other details or comments below.

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