

MARIAN KOSHLAND
SCIENCE MUSEUM
OF THE NATIONAL ACADEMY OF SCIENCES
at 6th & E Streets, NW, Washington, DC

* Organization Name: _____

* Contact Name: _____

* Title: _____

* Address: _____

* City/State/Zip: _____

* Telephone: _____

* Fax: _____

* Email: _____

* Website: _____

*Please choose the type of event you wish to hold in the museum (You may check more than one).

- _____ Reception
- _____ Sit-down Dinner
- _____ Meeting
- _____ Lecture

What is the specific purpose of the event you wish to hold (e.g., leadership dinner, roundtable discussion, etc)?

Please list, in order of preference, the date and time you wish to hold your event.

* Date 1: / / (Month/Day/Year) Date 2: / / (Month/Day/Year)

* 1st Choice of Time _____

1st Choice of Time _____

* 2nd Choice of Time _____

2nd Choice of Time _____

3rd Choice of Time _____

3rd Choice of Time _____

*Estimated Attendance _____

(Please note: the maximum attendance at events is 200 individuals.)

How did you hear about us?

Please print this form and fax it to the Events Coordinator, Marian Koshland
Science Museum, 202-334-1548.

We will contact you within two (2) business days regarding availability and event
details.

* indicates required field.