THE MENIL COLLECTION Class Visit Appointment Request Form

First name:	Last name:
School:	Title:
Email:	Phone number:
Address:	City:
State:	Zip code:
Course title:	Course #: If applicable.
Topic of study:	
Total number of expected visitors: <i>Please be advised that we cannot always accommodate grou</i>	ps larger than 10.
Proposed dates and times for your visit. Appe	pintments are available Monday through Friday, $10 \text{ a.m.} - \text{noon and } 1 - 3 \text{ p.m.}$
First preference:	
Second preference:	
·	g your visit? w by accession number. Please note that the online collection represents only a nally, you may list artists, periods, subjects, or techniques of interest.
Additional comments or questions: Please share any additional information about your goals fo	or this visit so we can hest prepare to welcome your class.
gen general	gen enee.

Three weeks' advance notice is required for all appointments. All requests are subject to approval and availability. Please submit your completed form to academicoutreach@menil.org. A Menil staff member will respond via email with confirmation of the date and time of your appointment and the availability of the work(s) requested. A record of your request and visit will be retained in the object files. Access to the Menil Collection Library and Archives require separate appointments.