

**Application for Use of the Smithsonian Institution  
National Museum of African American History and Culture**

All organizations wishing to host a function at the National Museum of African American History and Culture (NMAAHC) must submit this application to the NMAAHC Office of Special Events for approval. The organization hosting the event or an event manager acting on behalf of the organization may submit an application. Complete the application by providing all requested information and return to NMAAHC Office of Special Events NMAAHCspecialEvents@si.edu or to a specific Special Events Team Member. This application does not guarantee use of space. The NMAAHC Office of Special Events will review the application and may approve or disapprove the application. This is not an event contract. A contract will be provided for signature once the application has been approved. The event is not guaranteed until this application is approved, all parties sign an event contract, and payment has been received. Please complete all sections of this application.

Name of Organization \_\_\_\_\_

Status: Government Agency \_\_\_\_\_ For-Profit \_\_\_\_\_ Nonprofit \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsor(s) of event (if any) \_\_\_\_\_

Have you hosted an event at the Smithsonian before? (Specify the museum)  
\_\_\_\_\_

**Event Information**

Type of Event (select one): \_\_\_\_\_ Corporate \_\_\_\_\_ Business Meeting \_\_\_\_\_ Nonprofit

Name of Event \_\_\_\_\_

Please Describe Event \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Choice Event Date(s) \_\_\_\_\_

2<sup>nd</sup> Choice Event Date(s) \_\_\_\_\_

Event Starting Time \_\_\_\_\_

Event Ending Time \_\_\_\_\_

Estimated Maximum Attendance \_\_\_\_\_

**Vendors**

A vendor is any company providing services to Lessees within the National Museum of African American History and Culture. If a vendor is subcontracting any portion of their services, subcontractor contact information must be provided and the subcontractor approved. All changes to the vendors must be provided to in writing, no later than 30 days prior to the event. All vendors providing services must be approved by the NMAAHC Office of Special Events. Execution of a Rental Agreement is not an approval to use the vendors listed.

Event Management Company Information (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

If multiple levels of event management companies are being utilized, attach list of all companies and contact information if known.

Caterer \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Lighting Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

A/V Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Florist \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Production Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Valet / Transportation Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

Decor Company \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

**I have read the SD 401 Use of Smithsonian Facilities For Special Events, Public Programs, Rentals And Federal Use and SD 401A National Museum of African American History and Culture (NMAAHC) Rental Policy and agree to comply with it:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

