



The NAMES Project, Indiana Chapter  
Indiana AIDS Fund  
429 East Vermont Street,  
Suite 104  
Indianapolis, IN 46202  
(317) 630-1805

### AIDS Memorial Quilt Request Form

Thank you for your interest in hosting a display of the NAMES Project AIDS Memorial Quilt. Enclosed you will find an application for you to complete that will provide us with needed information in evaluating your request. Please feel free to attach any additional information that you feel may be useful, such as a floor plan for the display or any literature that you have to promote the event. In addition to the 12 x 12 foot sections of the Quilt, our Chapter can provide any requested information about the NAMES Project Foundation and history of the AIDS Memorial Quilt.

While there is no charge for using the Quilt for outreach or display events, our Chapter does ask organizations to provide an honorarium whenever possible. These donations help us bring the Quilt to schools, places of worship, hospitals and other parts of the community. Listed below is a guide for the suggested honorarium:

- Each 12 x 12 panel of Quilt..... \$100.00

We provide this only as a suggested guideline; we welcome any received honorarium that will help our Chapter to offset the cost of shipping the Quilt to and from the National Office in Atlanta. If your display is for HIV education/prevention to youth, and the Chapter is allowed to provide educators to do workshops during the display, the honorarium *may* be waived. Speak with a Chapter representative regarding this.

All Quilt displays *must* be free to all attendees. However your organization may sell AIDS related merchandise, or take up a collection to cover the costs of the display.

If you have any questions, please feel free to call us. Note that no decisions about potential display events can be made until this application is received and reviewed by our Chapter. We look forward to receiving your application and helping you with your efforts in raising HIV/AIDS awareness in your community.

Sincerely,  
NAMES Project, Indiana Chapter



**AIDS Memorial Quilt Display Application Request Form**

Organization hosting Display: \_\_\_\_\_

Address of Display: \_\_\_\_\_

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

Name of the Event: \_\_\_\_\_

Start date of Display: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ ( am / pm )

End date of Display: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ ( am / pm )

**Organization Contact:**

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ extension: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

**Number of 12 x 12 panels of Quilt you would like to display:** \_\_\_\_\_

(Specific panel numbers should be requested as far in advance as possible)  
(The NAMES Project Chapter determines the number of Quilt panels available)

**List any specific Quilt panels you are requesting:** # \_\_\_\_\_, # \_\_\_\_\_

**Date you would like to pick up the Quilt panels:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Our organization will donate an honorarium of \$ \_\_\_\_\_ for this display to the NAMES Project, Indiana Chapter.**

Is the display wheelchair accessible? **YES NO**

Will you need any printed materials from the Indiana AIDS Fund? **YES NO**

If yes, which one(s): \_\_\_\_\_

We have \_\_\_\_\_ volunteers to help staff this event. We **DO DO NOT** need additional staffing from the NAMES Project Chapter.

Briefly describe any additional requests you may have of the Indiana AIDS Fund or NAMES Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the goals of your display: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any HIV/AIDS related education/prevention activities occurring concurrently with the display and any other AIDS Service Organizations that will be present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the exhibit area and plans for displaying the Quilt, including how the Quilts will be displayed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe on-site security measures that will be taken to protect the Quilt(s) while displayed and stored: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(signature of Event Planner)

\_\_\_\_\_  
(Date)

<b>CHAPTER USE ONLY</b>	
<b>The NAMES Project, Indiana Chapter has approved this request for a display of the AIDS Memorial Quilt.</b>	
<b>The Organization was given Block #(s):</b> _____/_____/_____/_____	
<b>The Quilts were returned by:</b> _____ <b>on</b> ____/____/_____	
<b>Comments:</b> _____	
_____ (signature of Chapter Representative)	_____ (Date)

## NAMES Project, Indiana Chapter

### QUILT RELEASE AGREEMENT

I, (please print) \_\_\_\_\_ acknowledge that I have picked up or have received in good condition \_\_\_\_\_ panel(s) of the AIDS Memorial Quilt for display purposes, and I agree to the following:

1. I am responsible and liable for the Quilt from the time they are given to me, until the time that I return them to the NAMES Project, Indiana Chapter. I will follow predetermined arrangements made between the NAMES Project staff and myself for receiving and returning the Quilt.
2. While being displayed, the Quilt will be secured in a room that is non-smoking and does not allow for food or drink.
3. During the non-display hours through out the display, the Quilt must be in a locked room with limited access, and security will be provided when possible.
4. When being stored, the Quilt will remain in a locked room, with limited access. They will remain in a storage bag or box.
5. The Quilt will not remain in any vehicle except when being transported, and I will not leave the quilt unattended, in any car or other vehicle, even if they are in their bags or boxes.
6. No signatures or any other type of alternations will be permitted to any Quilt. I understand that I am required to supply proper security measures to make sure the Quilt is not altered in any way.
7. I agree that the Quilt will not be used as a backdrop for, or in support of, any political action except HIV/AIDS education and awareness.

I will return the Quilt panels to the NAMES Project Chapter on: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(signature of person accepting Quilt)

\_\_\_\_\_  
(Date)

Please return a copy of this form to the  
Indiana AIDS Fund/NAMES Project, Indiana Chapter  
by mail, email or FAX upon receipt of the Quilt Panels.

**(make a copy of this form for your records)**