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Terms and Conditions

Yad Vashem, the World Holocaust Remembrance Center
P.O.B. 3477, Jerusalem 9103401, ISRAEL

("Yad Vashem")

And

Name of the Institution ____________________________ (The Institution)
Address of the Institution ____________________________
Exhibition Name ____________________________ (The Exhibition)
Exhibition Period ____________________________

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Name of Contact

Telephone of Contact Person

Email

Yad Vashem

Signature: ____________________

Name: _______________________

Title: _______________________

Date: _______________________

The Institution

Signature: ____________________

Name: _______________________

Title: _______________________

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Yad Vashem

Signature: ____________________

Name: _______________________

Title: _______________________

Date: _______________________

The Institution

Signature: ____________________

Name: _______________________

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Yad Vashem

Signature: ____________________

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Date: _______________________

The Institution

Signature: ____________________

Name: _______________________

Title: _______________________

Date: _______________________