



The Metropolitan Museum of Art Uris Center Rental Inquiry Form

Date: _____ First name: _____ Last name: _____

Company/organization/school: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip code: _____

Email address: _____

Type of event: _____

Requested date(s): _____

How did you hear about the Uris Center?

Word of mouth Email Listserv Which listserv? _____ Mailing

Met website Other website Which website? _____

Comments:

**Please complete this form and submit as an email attachment to uriscenter@metmuseum.org.
Someone will respond within 10 business days.**

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