

# ALBANY INSTITUTE OF HISTORY & ART

## Object Connections Outreach: Hudson River Panorama Videoconference and School Visit Request Form

Date Requested \_\_\_\_\_

Requested Start time \_\_\_\_\_

Program Title \_\_\_\_\_

Contact Person  
(who requested program) \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

Classroom teacher \_\_\_\_\_

Audience level or grade \_\_\_\_\_

Number of participants \_\_\_\_\_

Tech Person \_\_\_\_\_

Tech Email \_\_\_\_\_

Tech Phone \_\_\_\_\_

Billing Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please submit to Barbara Collins, Education Coordinator  
[collinsb@albanyinstitute.org](mailto:collinsb@albanyinstitute.org)