

**FOLLOW UP VISIT APPLICATION FORM
PART FOUR - SIGNATURES**

We the undersigned have agreed upon the goals, activities, and agenda listed above and find them acceptable and realistic for the MAP Follow-Up Visit.

We have read and agree to the MAP Museum Participation Fee Schedule.

Original signatures are required below.

Peer Reviewer Name

Date

Peer Reviewer Signature

Museum Representative Name

Date

Museum Representative Signature

Head of Governing Body Name

Date

Head of Governing Body Signature