

Society of Ohio Archivists

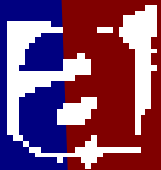
Date: _____

Time: _____

Workshop Registration

This is a general registration form. Please fill in the necessary data to register for a scheduled Society of Ohio Archivists' Workshop and mail to the address below.

All questions should be directed to the Education Committee Chair.



Contact person: 513-556-1958

Registration Form

Society of Ohio Archivists

c/o Archives & Rare Books Dept.
University of Cincinnati
PO Box 210113
Cincinnati, OH 45221-0113

Phone: 513/556-1958
Fax: 513/556-2113
Email: Anna.Heran@uc.edu

Name

Institution

Address

Phone

Sign up for:

Workshop #: _____

Number attending

Price

\$ _____

X _____

Total: _____

Make checks payable to: Society of Ohio Archivists