Repositories Google Form Questions

Date
Time
Location

Name of Repository
Name of Primary Contact
Email of Primary Contact
Phone Number of Primary Contact
Alternate Contact Name, Phone

Briefly Describe Your Archival Repository -

Please provide the URL for your repository. This will be used on the website.

Archival Repository URL

Participation Level

Describe the level of participation for your repository (booth, lightening talk, informational material)

Questions or Comments?

We're happy to answer any questions or concerns you might have about the event!