

## 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!