

WISCONSIN HISTORICAL RECORDS ADVISORY BOARD

In Association with the Wisconsin Historical Society

ARCHIVES WEEK 2006 EVENT FORM

Name of Event _____

Time of Event _____

Date of Event _____

Description of Event _____

Location of Event _____

Address of Event _____

Contact Person _____

Contact Phone Number _____

Contact E-Mail Address _____

Mail completed form to:

Peter Gottlieb
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Madison, WI 53706
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