

WISCONSIN HISTORICAL RECORDS ADVISORY BOARD

In Association with the Wisconsin Historical Society

ARCHIVES MONTH 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:

Wisconsin Historical Society

816 State Street

Madison, WI 53706

608-264-6480