

Documentary Heritage Program – Hudson Valley

Region

ARCHIVES WEEK

Event Form

DATE OF EVENT:

COUNTY:

TIME:

SPONSORING ORGANIZATION(S):

CONTACT NAME, PHONE, E-MAIL:

TITLE OF PROGRAM:

LOCATION OF EVENT (dress, phone, e-mail, website):

TYPE OF PROGRAMS (exhibit, tour, lecture, open house, etc.):

DESCRIPTION OF PROGRAM (one or two line description):

To have your event included in regional and state calendars of events, mail, fax or email this form by **Aug 15** to:

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