

PARTICIPANT REGISTRATION FORM

If your organization is planning to take part in the *HISTORIC SUFFOLK COUNTY* event, please print this form, fill it out and return it to:

Sharon A. Pullen, Archivist
Historic Documents Library
Office of the County Clerk
310 Center Drive
Riverhead, NY 11901-3392

FAX: (631) 852-2004

This information will help us plan space and make your event experience go more smoothly.

Organization Name _____

Contact Person _____

Organization Street Address _____

City _____ State _____ Postal Code _____ - _____

Organization Phone (_____) _____ Fax (_____) _____

Contact Person Phone (_____) _____ Email _____

Please describe the materials your organization will display _____

Will your organization provide its own display table? YES NO

IF YES, provide measurements LENGTH _____ WIDTH _____

Will you need any special equipment YES NO

If YES, give details _____

Will there be two members of your organization on site throughout the event? YES NO

Comments/Questions _____

