

LLOYD W. SMITH  
ARCHIVAL COLLECTION  
**PRIMARY  
SOURCE  
SEMINAR**  
ARCHIVES TUTORIAL

**PRIMARY SOURCE SEMINAR ❖ REGISTRATION FORM**

Seminar sessions will be held by appointment only. We will try to accommodate all seminar requests. Because we have a relatively small curatorial staff, we can only accommodate one seminar group (not to exceed twenty-five students) at one time.

Classes attending the Primary Source Seminar *must* be accompanied by at least one educator who has attended the teacher workshop.

**Teacher's Name:** \_\_\_\_\_  
(first) (last)

**School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
\_\_\_\_\_

**School Corporation:** \_\_\_\_\_ **County:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Number of educators attending:** \_\_\_\_\_ **Number of students attending:** \_\_\_\_\_ **Course title:** \_\_\_\_\_

**Names of educators attending:** \_\_\_\_\_ **Date of Primary Source Seminar teacher workshop:** \_\_\_\_\_  
\_\_\_\_\_

**Preferred date(s) of attendance:** \_\_\_\_\_ **Alternate date(s):** \_\_\_\_\_



**CONTINUE FORM ON REVERSE →**

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing the Primary Source Seminar Registration Form. We will contact you to schedule your Seminar appointment using the contact information you have provided on the reverse. We will do our best to accommodate your preferred date of attendance.

You will receive a confirmation call approximately two weeks prior to your class' scheduled Seminar. If you find you need to reschedule your visit, please contact Jude M. Pfister.

**\*Information on the web at:** <http://www.nps.gov/morr/forteachers>  
**and:** <http://primarysourceseminar.blogspot.com/>

**Registration Fees - \$ 50 per visiting class.** NOTE: Class size is set at 12-25 students. For larger groups please call to make special arrangements.

\*Registration Fee includes the cost of registration, printed materials, seminar supply costs and guided tours.  
Payment must be received at least three weeks prior to your scheduled visit.

**Cancellations and Refunds:** Registration fees will be refunded, less a \$5.00 administration fee, if cancellation is received in writing no later than two weeks before scheduled visit. After that date, registration fees are non-refundable. All refunds will be processed after scheduled Seminar. Substitutions are allowed.

**PAYMENT METHOD**

Please remit payment by Check in **U.S. funds** payable to: **Washington Association of New Jersey**

**Please mail or fax completed registration form with payment to:**

**Primary Source Seminar**  
Morristown National Historical Park  
30 Washington Place  
Morristown, New Jersey 07960-4299

**Contact Person:** Sarah E. Minegar, Museum Technician, MNHP

**Phone:** (973) 539-2016 ext. 215

**FAX:** (973) 539-8361

**Email:** Sarah\_Minegar@nps.gov

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THIS PORTION TO BE COMPLETED BY LIBRARY STAFF

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**Scheduled Seminar Date:** \_\_\_\_\_ **PSS**  **PSS & tour**

**Confirmation**  **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Curator's signature:** \_\_\_\_\_  
name date

