



RESEARCH REGISTRATION FORM

Museum of the South Dakota State Historical Society

Date _____

Researcher Information

Name _____
 Address _____
 City _____
 State/ Province _____ Zip/ Postal Code _____
 Phone Number _____
 E-mail Address _____

Researcher's Affiliation Information

Institution/Organization _____
 Address _____
 City _____
 State/ Province _____ ZIP/ Postal Code _____
 Phone Number _____
 E-mail Address _____

Questionnaire

- Are you an independant researcher
 affiliated with an institution/organization (please complete the *Researcher's Affiliation* section)

What is the purpose of your research visit?

Do you plan to use the information you learn from our collection in a publication, thesis, or dissertation? If yes, please indicate which.

Have you done research at the Museum before? If so, what research did you do and when?

Please submit this form to Curator of Collections, Katy Schmidt
 South Dakota State Historical Society
 Attn: Katy Schmidt
 900 Governors Drive
 Pierre SD57501

Via email to katy.schmidt@state.sd.us Via fax to 605-773-6041

Questions regarding this form: Please contact Katy Schmidt at 605-773-6013 or katy.schmidt@state.sd.us

Thank you for completing this form