



# 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, Dan Brosz  
South Dakota State Historical Society  
Attn: Dan Brosz  
900 Governors Drive  
Pierre SD57501

Via email to [daniel.brosz@state.sd.us](mailto:daniel.brosz@state.sd.us)  
Via fax to 605-773-6041

Questions regarding this form: Please contact Dan Brosz at 605-773-6013 or [daniel.brosz@state.sd.us](mailto:daniel.brosz@state.sd.us)

**Thank you for completing this form**