School or Community Group Workshop Request Form

(Please complete this form in it entirety and fax to 202-357-5925)

Your Name: _____

Your School or Organization _____

Address _____

Phone _____ Email _____

Availability and Type of Audio Visual Equipment

_____

METRO/Directions/ParkingInformation

_____

Description, Size, and any special Requirements of the Audience

_____

Which workshop would you like to schedule?

- ☐ 1. The National Archives: Guardian of our Democracy
- ☐ 2. Simon Fobes: A Revolutionary War Soldier
- ☐ 3. Understanding the Constitution through Documents
- ☐ 4. Genealogy: Discovering Family History
- ☐ 5. The Westward Movement
- ☐ 6. Alexander T. Augusta: African American Civil War Doctor

When would you like to schedule the workshop? (Your flexibility in time and date is greatly appreciated)

Date	**Time**
1st Choice _____	1st Choice _____
2en Choice _____	2nd Choice _____
3rd Choice _____	3rd Choice _____