

DALLAS _____ HOLOCAUST AND HUMAN RIGHTS _____ MUSEUM

Reference Registration Form

Name:

Email:

Phone:

Address:

Member of the Dallas Holocaust and Human Rights Museum? ___yes___no

Interested in receiving email updates on upcoming exhibits, programs and events?

yes no

Summary of research / project:

I have read the Library and Archives Reference Services Policy and agree to abide by the expectations outlined therein:

Signature:

Printed name:

Date:

10/29/2018