

Researcher Registration Form



DATE: _____

I APPLY TO USE THE ACS ARCHIVES:

NAME: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

LOCAL ADDRESS: _____

LOCAL PHONE: _____

RESEARCHER INSTITUTION AFFILIATION AND STATUS: _____

STATEMENT OF RESEARCH TOPIC: _____

DESCRIBE TYPES OF MATERIALS YOU HOPE TO FIND: _____

Send completed form to srishworth@facs.org or
Susan Rishworth, Archivist | American College of Surgeons | 633 N. St. Clair Street | Chicago, IL 60611

INTENDED USE OF RESEARCH: *CHECK ALL THAT APPLY.*

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Book | <input type="checkbox"/> Article | <input type="checkbox"/> Thesis |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Professional research | <input type="checkbox"/> Government research |
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Videotape | <input type="checkbox"/> Film |
| <input type="checkbox"/> Other: _____ | | |

USE OF INFORMATION ABOUT YOU:

- | | | |
|---|------------------------------|-----------------------------|
| May we tell others of the subject of your research? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we tell others about the material you used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May we contact you as part of future user studies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HOW DID YOU LEARN OF THE REPOSITORY? *CHECK ALL THAT APPLY.*

- | | |
|---|---|
| <input type="checkbox"/> References or citations in published books | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Teacher, professor, or colleague | <input type="checkbox"/> Archivist or librarian elsewhere |
| <input type="checkbox"/> Information from historical, professional, or genealogical organizations | |
| <input type="checkbox"/> General knowledge or assumptions | |

BEFORE YOUR FIRST VISIT ON THIS PROJECT, DID YOU CONTACT THE ARCHIVIST TO GET INFORMATION ABOUT HOLDING OR SERVICE?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

SIGNED: _____

ARCHIVIST: _____