

THE DEMING COOPERATIVE

Oral/Visual History

CONTACT INFORMATION

Please print clearly:

Mr. / Mrs. / Ms. / Dr.

First Name

Last Name

Street

City

State/Province

Country

Postal Code

Phone number

E-mail

Check all that apply

Client

Colleague/Contemporary

Conference Helper

Student

On Stage

Other: _____

Please describe briefly your experience, as well as any other information you think we should know:

Have you ever been interviewed by other oral history projects? Yes / No

Name: _____ Date: _____ Audio Visual

Email this completed form to: demingstories@gmail.com

Or mail: The Deming Cooperative

2525 Dayton Ave NE

Renton WA 98056-2207