

Consultants Registry

Name: _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

URL _____

E-mail _____

Organization/Company _____

Address _____

City/State/Zip _____

Area of expertise _____

Please check Consulting Services offered:

- Non-Profit Administration
 - Strategic Planning/Board Development.
- Fund-raising/Grantsmanship
- Marketing/Public Relations
- Fiscal Management
- Legal Issues
- Personnel Issues
 - Technology Management
 - Other _____
- Collections Management/Interpretation/
Museum Education
- Collections Policy Development
- Registration/Curatorial/Research
 - Conservation
 - Disaster Planning
- Storage/Handling & Transport/Security
- Exhibition Design & Fabrication
- Public Programming
- Education & School Programming
- Audience Development
- Media: Film/Video/A-V production
- Web site development/Digitization
 - Transcribing/Translating
- Other _____
- Archives and Libraries
- Needs Assessment
 - Cataloging/Indexing Systems
- Micrographics/Digitization

- Preservation/Disaster Planning
- Other _____
- Historic Preservation & Facilities Services
- Documentation/Planning/Landmark Designation
- Architectural Services
- Historic Preservation & Restoration
- Space Design/Renovation
- Site Security
- Landscape Design
- Other _____
- Earned Income Projects
- Museum Store
- Special Events
- Other _____

Please describe in under 100 words, your services to the field.

Please list three references (include organization you have recently worked for) and the consulting services you provided.

- 1.
- 2.
- 3.

List any publications or articles by or about your consulting work. Please enclose copies of same for GHHN technical assistance library. You may attach any brochures, promotional materials or course lists with which you are associated. Please attach your current resume to this form...

Please indicate the fee-range you generally charge for consulting, either per diem or per project. (This information is used for registry database purposes only, and will not be published.)

\$_____.____/hour \$_____.____/diem \$_____.____/project _____ other

Join Greater Hudson Heritage Network! Professional Consultant Membership \$75

I have included my check, payable to GHHN for membership
Inclusion in the Lower Hudson Conference Consultants Registry does not constitute a recommendation or endorsement by Greater Hudson Heritage Network, nor does it guarantee employment.

Office use only: date received ____/____/____ chk # _____ attachments _____

Please print and fill out this form; mail it with your check to:
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 Phone: (914) 592-6726 Fax: (914) 592-6946 E-mail: info@greaterhudson.org