

THE AMATEURS connected with their SELECT ENTERTAINMENT

On Thursday
On which occur
MICHAEL EARL
SPECT

MICH

Philip DeArville,
Stephen Girard,
Miles Watrill



PHOSPHATE



For Governor,
William Tharp.
Representative in Congress,
John D. Dilworth.
For Senators,
Caleb H. Sipple,
Robert W. Reynolds.
Representatives,
John Cloak,
William B. Collins,
Henry Taylor,
Joseph Wallace,
Thomas Lockwood,
Eli Saulsbury,
William Virden.
Sheriff,
Ignatius Taylor.



Coroner,
Robert Sarr,
Court Commissioners,
D. C. H.
Lockwood,
Tharp, L. C. H.
Tomlinson, Dover H.
Stayton, Mur. H.
of Vincent W. Moore, dec'd
son Collins, Jr., Mil. H.

Don't let our
history fade away!

Disaster Prevention, Planning, & Response Workshops

One of the most important steps a cultural institution can take to safeguard its collections is to be prepared in the event of an emergency or disaster. This two-part program will guide participants in risk mitigation, emergency planning and preparedness, response, and recovery.

These workshops are free and lunch will be provided.

Monday
Sept. 26th & Nov. 14th
Georgetown Public Library
123 West Pine Street
Georgetown, DE 19947
9am - 4pm

Tuesday
Sept. 27th & Nov. 15th
The Air Mobility Command Museum
1301 Heritage Road
Dover AFB, DE 19902
9am - 4pm

Wednesday
Sept. 28th & Nov. 16th
New Castle Public Library
424 Delaware Street
New Castle, DE 19720
9am - 4pm

This is a **two-part program**. By registering for this program, attendees agree to participate in **both the first and second sessions at only one location**; the two sessions are scheduled several weeks apart in order to give attendees time to undertake several planning assignments. *Participants will be asked to prepare a short assignment prior to the program and additional assignments between the sessions.*

Reserve your place today, as seating is limited.

Please Fill out the form below to register and e-mail: sonja.brown@state.de.us, or fax: 302-739-8436, or call Sonja Brown at 302-739-4748 x 5120

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sept. Date/Location _____ Nov. Date/Location _____