



IPHC Archives & Research Center

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DR. HAROLD D. HUNTER
Director

IPHC Conference Archivists

(Conference Superintendent: Please fill out form indicating information for Conference Archivist)

CONFERENCE NAME _____

CONFERENCE ARCHIVIST _____

ARCHIVIST ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ OFFICE () _____ HOME _____

EMAIL ADDRESS _____

Do you have copies of all your Annual Conference Minutes? ____Yes ____ No

Do you have a complete set of your Conference Paper/Newsletter? ____Yes ____ No

How many churches in your conference have written a Local Church History? _____

Note: Please help to keep our records updated by sending a copy of your conference minutes and newsletters in digital or hard copy format to the archives.

Please Indicate Special Archives Projects Underway In Your Conference:

Further Comments:

