

ACRL 2009 VIRTUAL CONFERENCE REGISTRATION FORM

Full Name: _____

Membership #: *(if applicable)* _____

Institution: _____

Street Address: _____

City, ST Zip: _____

Phone: _____

E-mail Address: _____

GENERAL REGISTRATION – Please indicate your registration category.

ACRL member **\$165**

ALA Member **\$205**

Nonmember **\$245**

Full-time student **\$75**

Group: up to 3 attendees **\$295**

Group: 4- 9 attendees **\$595**

Group: 10 or more attendees **\$995**

SUMMARY OF PAYMENT

General Registration \$ _____

PAYMENT METHOD:

Visa MasterCard Amex Enclosed check payable to ALA/ACRL

Credit Card number _____

Name on Card _____ Expiration date _____

Signature _____

PLEASE REMIT THE COMPLETED FORM WITH PAYMENT INFORMATION OR CHECK.

TO REMIT BY FAX: Please fax to ACRL VIRTUAL CONFERENCE at 312-280-1538.

TO REMIT BY MAIL: ACRL VIRTUAL CONFERENCE REGISTRATION, 50 E. HURON ST., CHICAGO, IL 60611