

ALCTS Web Course Registration Form

Please complete this Registration Form and submit it along with your payment by the registration deadline.

Web Course Title: _____

Session Date: _____

ALA Member Number (If available): _____

*Name: _____

*Title: _____

*Org. Name: _____

*Org. Mailing Address: _____

Preferred Mailing, if other than organizational address:

Address: _____

*Daytime Phone: (_____) _____ Work Home

*Fax: (_____) _____ *E-mail: _____

Where did you hear about this course? ALA Email Other (please specify): _____

***Registration Fee:** Place a check mark in appropriate box

\$109 ALCTS Members \$129 Non-members

***Payment Method:** Place a check mark in appropriate box. Payment must accompany registration.

Check or Money Order (payable to the American Library Association)

Purchase Order (include a copy of the order with this form) P.O. Number: _____

For credit card orders, please complete the following:

VISA Card Number: _____ Exp: ____/____

Master Card Name on Card: _____

American Express Signature: _____

Mail or Fax to:
ATTN: MACS
ALCTS Registration
50 E. Huron St
Chicago, IL 60611
Fax: 312-280-1538
Email: tferren@ala.org

Any cancellations must be received in writing at the ALCTS office ten days prior to the start of the course session and are subject to a \$35 processing fee. Refunds will be processed two weeks after the start of the course. ALCTS reserves the right to cancel a course or workshop for insufficient registration or other reasons.