

RUSA Online Professional Development Course Registration

Use this registration form to register by mail or fax. Check, money order, purchase order or credit card must accompany registration to reserve space in this course. Mail or fax your registration form with payment to the address below. Fax registrations are accepted for credit card and purchase orders only.

American Library Association
ATTN: MACS, Online CE Registration
50 E. Huron Street
Chicago, Illinois 60611
(312) 280-1538 fax

Questions? Contact Membership and Customer Services (MACS) at (800) 545-2433.

Any cancellations must be received in writing ALA/MACS department by the latest registration deadline listed online and are subject to a \$35 processing fee. Refunds will be processed two weeks after the start of the course. RUSA reserves the right to cancel a course or workshop for reasons including insufficient numbers of students.

REGISTRATION FORM

Please complete the following by clicking inside the gray box and typing in your information; or print out and complete with legible print writing.

Course Name: _____ Session Number: _____
Member No: _____
Name: _____
Title: _____

Org. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Preferred Mailing, if other than organizational address
Address: _____
City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ (Work) (____) _____ - _____ (Home) (____) _____ - _____
Fax: (____) _____ - _____ **E-mail:** _____

Where did you hear about this course? Email Web AL Direct Other (specify): _____

Registration Fee: Select one
____ \$130 (RUSA Member) ____ \$160 (ALA member) ____ \$190 (Nonmember) ____ \$100 (Student/Retired)

(if student, please give name of accredited library school) _____

Payment Method: Place a check mark in appropriate box
 Check or Money Order (payable to the American Library Association)
 Purchase Order (include a copy of the order with this form)

For credit card & purchase orders, please complete the following:

VISA Card/P.O. Number: _____ Exp: ____/____
 Master Card Name on Card/P.O.: _____
 American Express Credit Card Security No.: _____

Signature: _____