ASCLA Online Professional Development Registration  
Webinar Group Registration Form – State Libraries

There are two group registration options for webinars: a **single login** ($99), or **multiple logins** ($38 per person, minimum 2 ppl).  
The single login is designed for groups who will view the webinar together in a single location, e.g. a conference room.  
The multiple login is for institutions who want two or more employees to participate, but each will be at their own workstations. For multiple logins, you must have minimum of 2 participants in the same course from the same library or library system in order to receive the group rate. 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.**  

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 $20 per registration processing fee. Refunds will be processed two weeks after the start of the course.  
ASCLA reserves the right to cancel a course or workshop for reasons including insufficient numbers of students.

---

**REGISTRATION FORM**

Please complete the following with legible print writing.

<table>
<thead>
<tr>
<th>Webinar Name: ______________________________</th>
<th>Webinar Date/Time: _________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org. Name: ________________________________</td>
<td><strong>ORG. ALA MEMBER ID:</strong> ______</td>
</tr>
<tr>
<td>Address: ________________________________</td>
<td>City: ______________________</td>
</tr>
<tr>
<td>_________________________________________</td>
<td>State: ___ Zip: _______</td>
</tr>
</tbody>
</table>

**Preferred Mailing, if other than organizational address**

Address: ______________________________________

City: ________________ State: ____ Zip: _________

Phone: (____)______-______ (Work) (____)______-______ (Home) (____)______-______

Fax: (____)______-______ E-mail: ______________________________

***************

FOR A SINGLE GROUP LOGIN, PLEASE PROCEED TO LAST PAGE OF FORM.  
FOR MULTIPLE LOGINS, PLEASE COMPLETE INFO BELOW FOR EACH PARTICIPANT.

***************

<table>
<thead>
<tr>
<th>Member No: _______________</th>
<th>ASCLA member? Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>E-mail: __________________</td>
</tr>
<tr>
<td>Title: ____________________</td>
<td>Phone number (work preferred): (_<strong>)</strong>________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member No: _______________</th>
<th>ASCLA member? Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>E-mail: __________________</td>
</tr>
<tr>
<td>Title: ____________________</td>
<td>Phone number (work preferred): (_<strong>)</strong>________</td>
</tr>
</tbody>
</table>

---

Page # ___ of ___
PARTICIPANT INFO (CONT.) Need more space for additional registrants? Make copies of this page.

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________

Member No: ________________  ASCLA member? Yes □  No □
Name: ________________________  E-mail: __________________________
Title: ________________________  Phone number (work preferred): (____)_________
Where did you hear about this course?  Email  Web  AL Direct  Other (specify): ______________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>$99 - Single Group Login</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$38 - Per person rate for Group-Multiple Login</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Registration Cost: ______________________

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
  - Master Card
  - American Express

Card/P.O. Number: ____________________________  Exp: _____/_____
Name on Card/P.O.: __________________________
Credit Card Security No.: _______________

Signature: __________________________________

Updated: April 2015