ASGCLA Online 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 his 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, option 5. Any requests for cancellation of registration 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. ASGCLA 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.

Course Name: ______________________________  Course Start Date: _________
Name: __________________________              ALA MEMBER ID: _________
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 (ASGCLA Member)   ________ $175 (ALA member)
_______ $210 (Nonmember)   ________ $100 (Student/Retired member of ALA)

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:
Circe one:  VISA   Master Card   American Express
Card/P.O. Number: ______________________________  Exp: _____/_______
Name on Card/P.O.: ______________________________
Credit Card Security No.: __________________________
Signature: ______________________________