ASGCLA Webinar Registration Form

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, ASGCLA 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 event. ASGCLA reserves the right to cancel a course, workshop or event for reasons including insufficient numbers of students.

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INDIVIDUAL REGISTRATION FORM

Member No: ________________
Name: ______________________________
Title: ______________________________
Org. Name: ______________________________
Address: ______________________________
City: __________________   State: ____   Zip: _________
Pref. Mailing, if other than organizational address
Address: ______________________________
City: __________________   State: ____   Zip: _________
Preferred Phone: (______)_______-_______
(Circle WORK or HOME)
Fax: (______)_______-_______
E-mail: ______________________________

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PRICING

ASGCLA members = $40; ALA members = $50; ALA student/retired members = $25; Non-members = $65

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Total Amount Due

Where did you hear about this event? □ Email □ Web □ AL Direct □ Other (specify): ______________________________

(If student member, 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
□ Master Card
□ American Express
Card/P.O. Number: ______________________________
Exp: _____/______
Name on Card/P.O.: ______________________________
Credit Card Security No.: __________________
Signature: ______________________________

Updated: August 2018