

# ASCLA 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. ASCLA 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  
\_\_\_\_ \$150 (ASCLA Member) \_\_\_\_ \$195 (ALA member) \_\_\_\_ \$230 (Nonmember) \_\_\_\_ \$120 (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: \_\_\_\_\_