

Special Libraries Association, 90th Annual Conference

Registration Form — Minneapolis, MN, USA, June 5-10, 1999

1) Please Print My Badge To Read:

(Preferred First Name)

(Complete Name)

(Organization: no acronyms, please)

(City, State/Province) (Country)

2) Registration Mailing Address:

(Member ID from mailing label)

(Job Title)

(Organization: no acronyms, please)

(Department)

(Street Address)

(City, State/Province & Zip/Postal Code)

(Country)

(Daytime Phone) (Daytime Fax)

(E-mail address)

- Please update my member record with the above information.
- My first SLA annual conference.
- Speaker/Moderator/Panelist/Facilitator.

3) Ticketed Event Orders:

<small>Ticketed Event Number</small>	<small>Cost</small>
• Management Competencies Institute (June 5-6):	
Management Skills #100	\$ _____
Financial Concepts and Strategies #105	\$ _____
• Continuous Education Courses:	
Please remember to fill in alternates.	
Sat # _____	\$ _____
Sat (Alternate) # _____	\$ _____
Sun # _____	\$ _____
Sun (Alternate) # _____	\$ _____
Thur # _____	\$ _____
Thur (Alternate) # _____	\$ _____
SS#/Personal Identification # _____	
	<small>(Required for MMI and CEU course credit)</small>

Special Note: To better serve conference attendees, SLA will provide exhibitors with a pre-registration list (upon request) thereby enabling you to be notified beforehand of special offers made by our exhibitors.

*Cancellations must be received by May 1, 1999.
 Registrations received after May 15th will be returned. Please register onsite.*



• Other Ticketed Events:

SLA President's Reception #315 = \$ _____

SLA Closing Gala #61 5 = \$ _____

Event # _____ = \$ _____

Event # _____ = \$ _____

Event # _____ = \$ _____

Event # _____ = \$ _____

4) Registration Fee:

Member "Early Bird" (by May 1) \$165.00 \$ _____

Member (after May 1) 210.00 \$ _____

Member One Day: S M T W 120.00 \$ _____
(Circle Day)

Retired 85.00 \$ _____

Student 85.00 \$ _____

Member rates apply to members of the associations listed below. Indicate your membership here, if any:

- member #
- Am. Assoc. of Law Libraries (AALL) _____
 - Am. Society for Info. Sci. (ASIS) _____
 - Art Libraries Society of North Am. (ARLIS/NA) _____
 - Assoc. of Independent Info. Professionals (AIIP) _____
 - Australian Library & Info. Assoc. (ALIA) _____
 - Canadian Library Assoc. (CLA) _____
 - Council of Planning Librarians (CPL) _____
 - Medical Library Assoc. (MLA) _____
- Nonmember 320.00 \$ _____
- Nonmember One Day: S M T W 155.00 \$ _____
(Circle Day)

5) Total Amount Enclosed:

Please enter the total calculated amount from all of the above entries. Fees are payable in U.S. dollars only. Please make checks payable to: SPECIAL LIBRARIES ASSOCIATION.

Total Amount Enclosed \$ _____

(Total amount should reflect conference payment only. Please do not include dues or other types of payment.)

Or, charge my credit card: MasterCard VISA
 Amex Diners Club

Number (Card Holder) _____

Expiration Date _____

Signature _____