

RUSA Online Professional Development Course Registration Group Discount Form, Spring 2009

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 per student processing fee. Refunds will be processed two weeks after the start of the course. RUSA 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: _____ Session Dates: _____

Org. Name: _____

Address: _____

Preferred Mailing, if other than organizational address

Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

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

Fax: (____)____-____ **E-mail:** _____

The following information must be completed for each student enrolling in the course. A minimum of 2 students must register in order to receive the 15% savings.

Member No: _____

RUSA member? Yes No

Name: _____

E-mail: _____

Title: _____

Phone number (work preferred): _(____)_____

Fee: Select one

____ \$110 (RUSA Member) ____ \$149 (ALA member) ____ \$178 (Nonmember) ____ \$85 (Student/Retired)

If student, name of accredited library school: _____

Member No: _____

RUSA member? Yes No

Name: _____

E-mail: _____

Title: _____

Phone number (work preferred): _(____)_____

Fee: Select one

____ \$110 (RUSA Member) ____ \$149 (ALA member) ____ \$178 (Nonmember) ____ \$85 (Student/Retired)

If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
Title: _____ Phone number (work preferred): _(____)_____
Fee: Select one
_____ \$110 (RUSA Member) _____ \$149 (ALA member) _____ \$178 (Nonmember) _____ \$85 (Student/Retired)
If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
Title: _____ Phone number (work preferred): _(____)_____
Fee: Select one
_____ \$110 (RUSA Member) _____ \$149 (ALA member) _____ \$178 (Nonmember) _____ \$85 (Student/Retired)
If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
Title: _____ Phone number (work preferred): _(____)_____
Fee: Select one
_____ \$110 (RUSA Member) _____ \$149 (ALA member) _____ \$178 (Nonmember) _____ \$85 (Student/Retired)
If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
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If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
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If student, name of accredited library school: _____

Member No: _____ RUSA member? Yes No
Name: _____ E-mail: _____
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Fee: Select one
_____ \$110 (RUSA Member) _____ \$149 (ALA member) _____ \$178 (Nonmember) _____ \$85 (Student/Retired)
If student, name of accredited library school: _____

Where did you hear about this course? Email Web AL Direct Other (specify): _____

| Rate | Number of students enrolling at this rate | Subtotals |
|---------------------------------|---|-----------|
| \$110 (RUSA Member) | | |
| \$149 (ALA member) | | |
| \$178 (Nonmember) | | |
| \$85 (Student/Retired) | | |
| 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 Card/P.O. Number: _____ Exp: ____/____
- Master Card Name on Card/P.O.: _____
- American Express Credit Card Security No.: _____

Signature: _____