

RECASTING THE NARRATIVE

CLEVELAND, OHIO
APRIL 10-13, 2019



acrl 2019
peer revered

VIRTUAL CONFERENCE REGISTRATION FORM

**DEADLINE FOR SUBMISSION:
TUESDAY, APRIL 9, 2019**

Registration Directions

Register online at www.acrl.org/acrlconference, or complete and return this registration form with payment to:

ACRL Conference Registration
5202 Presidents Court, Ste. G100
Frederick, MD 21703

E-mail:
acrl@experient-inc.com
(Q's only, cannot accept forms)

Phone:
800-424-5249
847-996-5829

Fax:
888-772-1888 U.S.
301-694-5124 Intl.

The ALA (American Library Association and its units) and the ALA-APA (Allied Professional Association) (collectively "ALA") use the personal data you provide to the ALA to process membership, inform you of products, services, conferences, education opportunities, events and for other purposes which are within the Association's mission. To accomplish these actions, ALA contracts with third-parties who gather and process personal data to complete interactions such as online purchases, conference registration, and fulfillment. The personal data as provided is processed and stored as a legitimate interest to the ALA in order to fulfill your requests for information and services from ALA. For more information on ALA's Privacy Policy, visit <http://www.ala.org/privacypolicy>.

I. Confirmation Information

Full Name _____
Institution _____
Street address _____
City _____ State _____ Zip _____
Country (if not US) _____
Phone _____ E-mail _____
ALA member no. (if applicable) _____

I will require Americans with Disabilities Act special assistance on site. An ACRL staff member will contact you.

II. Registration

Please indicate your registration category.

_____ ACRL member **\$185** _____ Group: up to 3 attendees **\$325**
_____ ALA Member **\$225** _____ Group: 4- 9 attendees **\$625**
_____ Nonmember **\$295** _____ Group: 10 or more attendees **\$995**
_____ Full-time student **\$85** _____ Group registration, additional site license **\$25**
_____ Retired **\$125**
_____ Nonsalaried/unemployed ALA member **\$125**

III. Summary of Payment

General Registration \$ _____

IV. Payment Method

_____ Enclosed check payable to **ACRL/ALA**
_____ VISA MasterCard American Express

Card Number _____

Exp. Date _____

Card Holder Signature _____

Registration Directions: The registration deadline is **April 9, 2019**. Cancellations received on or before April 9, 2019, are entitled to a refund minus a \$50 processing fee. Cancellations received after April 9, 2019 will not receive a refund.