REGISTRATION FORM

LIBRARY HISTORY SEMINAR XI

"Libraries in Times of War, Revolution & Social Change"

October 27-30, 2005

Please Print:
Name (First, M.I., Last): ________________________________________________________________________
Title/Position: _______________________________________________________________________________
Institution: __________________________________________________________________________________
Address: ____________________________________________________________________________________
City/State/Zip/Country: ________________________________________________________________________
Business Phone: __________________________  FAX: __________________________________
E-mail address: _________________________________________________
Name badge preference (first [or nickname] and last): ________________________________________________

EARLY REGISTRATION FEE [THROUGH JULY 25]: $350 residential/$225 non-residential
REGISTRATION FEE JULY 26 AND AFTER: $400 residential/$250 non-residential
All registration fees include conference registration and meals.
Residential rate also includes lodging at Allerton Park Conference Center.

_____ Residential rate: I will be staying at the Allerton Park Conference Center during the conference.

_____ Non-residential rate: I am making my own arrangements for lodging elsewhere. I understand that I'm
responsible for these expenses and for transportation to and from the Allerton Park & Conference Center.

_____ I would like to donate $_______ to help support doctoral students’ attendance.

For purposes of room assignment at Allerton, please indicate gender:   ___Female      ___Male
If you would like to share accommodations with particular individual(s), please specify:
___________________________________________________________________________

Any special dietary or lodging needs (e.g., vegetarian; disability):
___________________________________________________________________________

Method of Payment:  (We can not accept purchase orders.)

_____ Check enclosed (make payable to University of Illinois)

_____ Charge to credit card:   #________________________________________________________
Expiration Date: __________________________________
____Visa        ____MasterCard      ____American Express     ____Discover
Signature of cardholder: __________________________________________________________

To register...
by phone (payment by credit card): 217-333-8739 or 800-982-0914 (Ask for Kathy Painter)
by FAX (payment by credit card): 217-244-3302
by mail to:
Library History Seminar XI
ATTN: Kathy Painter
Graduate School of Library and Information Science
University of Illinois at Urbana-Champaign
501 E. Daniel Street
Champaign IL 61820-6211

Registration Deadline: July 25, 2005 for early registration; final deadline is September 16, 2005 (or sooner if filled)