

NAME _____

NICKNAME FOR BADGE _____

WORK TITLE _____

INSTITUTION/COMPANY _____

ADDRESS _____

WORK PHONE _____

FAX _____

EMAIL _____

What conference sponsor organization are you a part of?

GAIT GLA AILA

What other library organizations are you a part of?

Who do you represent?

K-12 Higher Ed. Public Library Special Library Other

Would you like to be excluded from attendee roster?

Yes No

Are you a first-time COMO attendee? Yes No

Let us know if you require any special disability arrangements:

REGISTRATION CATEGORIES & FEES (Check category and fill in amount in the box to the right. All events included in full conference price, unless noted.)

FULL CONFERENCE REGISTRATION

Membership rates apply to GLA and GAIT members, join today!

Member - Professional Staff
Member - Paraprofessional, Student, Retired Member, Trustee
Member - Corporate, Supporting, Benefactor
Non-Member

Received by 9/15	Received after 9/15
<input type="checkbox"/> \$180	<input type="checkbox"/> \$200
<input type="checkbox"/> \$115	<input type="checkbox"/> \$135
<input type="checkbox"/> \$155	<input type="checkbox"/> \$175
<input type="checkbox"/> \$230	<input type="checkbox"/> \$250

ONE DAY REGISTRATION

WEDNESDAY

	Received before 9/15		Received after 9/15	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Professional Staff	<input type="checkbox"/> \$100	<input type="checkbox"/> \$180	<input type="checkbox"/> \$120	<input type="checkbox"/> \$200
Paraprofessional, Student, Retired Member, Trustee	<input type="checkbox"/> \$75		<input type="checkbox"/> \$95	
Corporate, Supporting, Benefactor	<input type="checkbox"/> \$115		<input type="checkbox"/> \$135	

THURSDAY

	Received before 9/15		Received after 9/15	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Professional Staff	<input type="checkbox"/> \$120	<input type="checkbox"/> \$180	<input type="checkbox"/> \$140	<input type="checkbox"/> \$200
Paraprofessional, Student, Retired Member, Trustee	<input type="checkbox"/> \$80		<input type="checkbox"/> \$100	
Corporate, Supporting, Benefactor	<input type="checkbox"/> \$125		<input type="checkbox"/> \$145	

FRIDAY

	Received before 9/15		Received after 9/15	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
Professional Staff	<input type="checkbox"/> \$100	<input type="checkbox"/> \$180	<input type="checkbox"/> \$120	<input type="checkbox"/> \$200
Paraprofessional, Student, Retired Member, Trustee	<input type="checkbox"/> \$75		<input type="checkbox"/> \$95	
Corporate, Supporting, Benefactor	<input type="checkbox"/> \$115		<input type="checkbox"/> \$135	

Exhibits Only Badge Qty. @ \$20

Guest Badge(s) for All Conference Reception Qty. @ \$20
(Can attend NO other activities)

Guest Name(s)

OPEN ACCESS

Advocacy Presentation and Action Qty. @ \$20

\$
SUBTOTAL

PAGE 1 TOTAL \$

NOT A MEMBER? Join GLA, GAIT and/or AILA and save more than the cost of membership!

WEDNESDAY ACTIVITIES

Murder Mystery (7:00 p.m.-9:00 p.m.) (Included in reg.)

THURSDAY ACTIVITIES (Check category and fill in amount in the box to the right)

Pat Carterette Memorial Run/Walk (5:55 a.m.) (Included in reg.)

GAIT Breakfast (7:30 a.m.) \$20

Keynote: David Lankes (8:45 a.m.) (Included in reg.)

All Conference Storytelling Lunch (12 p.m. - 1:15 p.m.) \$25

Do you need an alternate option for conference meals? Vegetarian Gluten-free
Do you have other dietary needs?

All Conference Reception (Included in reg.)

\$

SUBTOTAL

FRIDAY ACTIVITIES

Scholarship Raffle (Included in reg.)

Keynote: Siva Vaidhyanathan (9:00 a.m.) (Included in reg.)

PAGE 1 TOTAL \$

PAGE 2 TOTAL \$

TOTAL AMOUNT DUE \$

Please visit the conference website for additional local event opportunities.

PAYMENT

Check Purchase Order Credit Card

Purchase Order #

Email for Purchase Order

Visa MasterCard Discover

Card #

Expiration Date

CVC

Signature

Date

Retain a copy of this form for your records. If you provided an email address, a confirmation will be sent; otherwise no registration confirmation will be sent. If a pre-conference is canceled, you will be notified prior to GLC.

Refund requests for conference pre-registration must be received in writing no later than September 29, 2017.

Refund requests after September 29 will be handled on a case-by-case basis and may require documentation for medical or other emergencies that prevent attendance. A \$15 processing fee will be assessed to any granted refund request.

To inquire about pre-registration, please call the CCRT office at (706) 357-4419.

Please make checks payable to The Classic Center.

Mail registration to: Registration Services/GLC, 300 N. Thomas St., Athens, GA 30601

2017 GLC details and online registration at www.galibcon.org