



PERSONAL INFORMATION

Name _____

Job Title _____

Organization _____

Street _____

City _____

State, Zip _____

Phone _____

Fax _____

Email _____

YOUR TYPE OF LIBRARY: (Check One)

- 1 College/University 5 Law/Medical 8 Independent
 2 Government 6 K-12
 3 Corporate/Business 7 Public
 4 Other (please specify) _____

YOUR JOB FUNCTION: (Check One)

- 1 Acquisitions Librarian 6 Researcher 10 IT
 2 Serials Librarian 7 Systems Librarian 11 Webmaster
 3 Reference Librarian 8 Director/Administrator
 4 Corporate Librarian 9 EResources/Web Services Librarian
 5 Other (please specify) _____

YOUR NETWORK AFFILIATION: (if applicable)

- YES, I want to subscribe to ITI NewsLink, the information and library professional's FREE email newsletter highlighting the information that both users and producers of information products and services need.

NOTE: The sponsors and management of Computers in Libraries 2010 reserve the right to make necessary changes in this program. Every effort will be made to keep presentations and speakers as represented. However, unforeseen circumstances may result in substitution of a presentation topic and/or speaker. Information Today, Inc. assumes no liability for the acts of their suppliers nor for the safety of any Computer in Libraries 2010 participant while in transit to or from this event. The total liability during the precise hours of the meeting will be limited to a refund of the delegate fee.

REGISTRATION FEES

Preconference Workshops

Sunday, April 11 (includes lunch)

FULL <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$249
AM <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	\$159
PM <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14	\$159

Postconference Workshops

Thursday, April 15 (includes lunch)

AM <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	\$159
PM <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	\$159

Full 3-Day Conference

Does not include workshops

<input type="checkbox"/> Full 3-day, April 12 – April 14	\$489 \$244
I select the following day only:	
<input type="checkbox"/> Monday, April 12	\$249
<input type="checkbox"/> Tuesday, April 13	\$249
<input type="checkbox"/> Wednesday, April 14	\$249

Internet@Schools East 2010

<input type="checkbox"/> Internet@Schools East 2010 2-day conference, April 12–13	\$199 \$109
<input type="checkbox"/> Internet@Schools East 2010 2-day conference + Full 3-day CIL 2010 ..	\$489 \$244
<input type="checkbox"/> Exhibition Only	FREE

All delegates will receive a printed invoice confirming their registration via mail.

TOTAL

PAYMENT METHOD

Payment must accompany advanced registration and be received by March 9, 2010.

Check or money order should be made payable to: **Information Today, Inc.**

Check or money order enclosed for the amount of \$ _____

Charge to: Visa MasterCard AMEX DISCOVER

Credit Card # _____ Exp. Date _____

Signature _____

REGISTRATION INFORMATION

RETURN THIS COMPLETED FORM TO:

NAME: Tessa Killian

ADDRESS: 21 South Elting Corners Road, Highland, NY 12528

PHONE: (845) 883-9065

EMAIL: killian@senylrc.org FAX: 845-883-9483