



PERSONAL INFORMATION

Name _____

Job Title _____

Organization _____

Street _____

City _____

State, ZIP _____

Phone _____

Fax _____

Email _____

YOUR TYPE OF LIBRARY: (Check One)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 1 College/University | <input type="checkbox"/> 6 Government |
| <input type="checkbox"/> 2 Law | <input type="checkbox"/> 7 Medical |
| <input type="checkbox"/> 3 Corporate/Business | <input type="checkbox"/> 8 Public |
| <input type="checkbox"/> 4 K-12 | |
| <input type="checkbox"/> 5 Other (please specify) _____ | |

YOUR JOB FUNCTION: (Check One)

- | | |
|---|--|
| <input type="checkbox"/> 1 Systems Librarian | <input type="checkbox"/> 6 Researcher |
| <input type="checkbox"/> 2 Acquisitions Librarian | <input type="checkbox"/> 7 Director |
| <input type="checkbox"/> 3 Reference Librarian | <input type="checkbox"/> 8 Web Master |
| <input type="checkbox"/> 4 Corporate Librarian | <input type="checkbox"/> 9 Administrator |
| <input type="checkbox"/> 5 Other (please specify) _____ | |

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.

REGISTRATION FEES

Preconference Workshops

Saturday, October 24

PM 1 2 3 4 5 6 7 8 ~~\$169~~ \$159

Sunday, October 25 (includes lunch)

FULL 9 10 ~~\$249~~ \$239

AM 11 12 13 14 15 16 ~~\$169~~ \$159

PM 17 18 19 20 21 22 ~~\$169~~ \$159

Full 3-Day Conference

Does not include workshops

Full 3-day, October 26-28 ~~\$479~~ **\$279**

I select the following day only:

Monday, October 26 ~~\$249~~ \$239

Tuesday, October 27 ~~\$249~~ \$239

Wednesday, October 28 ~~\$249~~ \$239

Internet@Schools West 2009

Internet@Schools West 2009
2-day conference, Oct. 26-27 ~~\$209~~ \$169

Internet@Schools West 2009
2-day conference + Full 3-day IL 2009 ~~\$479~~ **\$279**

Exhibition Only FREE

TOTAL

PAYMENT METHOD

Payment will be collected by your network representative. Your deadline to submit your payment and registration form is :

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

Charge to: Visa MasterCard AMEX DISCOVER

Credit Card # _____ Exp. Date _____

Signature _____

NOTE: The sponsors and management of Internet Librarian 2009 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 Internet Librarian 2009 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.

HOW TO REGISTER THROUGH YOUR NETWORK:

Fill out this form,
including payment information.

Send your completed form to: