

INTERNET LIBRARIAN REGISTRATION FORM

OCTOBER 26-28, 2009

Monterey Conference Center

Portola Plaza Hotel & Monterey Marriott, Monterey, CA

REGISTRATION INFORMATION

1. Compute your registration fee (Section A).
2. Complete all personal information (Section B).
3. Indicate your payment method (Section C).
4. Return your completed form by fax (972-991-6061) or mail your registration with payment for receipt **by September 11, 2009** to:

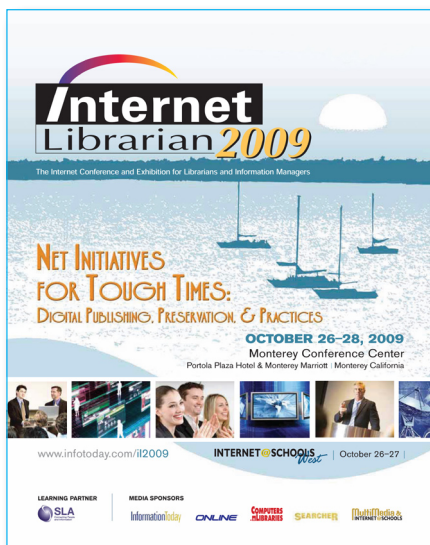
Amigos Library Services, Inc.

Attn: Chris Brown

14400 Midway Road

Dallas, Texas 75244-3509

1-800-843-8482 • Fax: 972-991-6061



A. REGISTRATION FEES

Preconference Workshops

Saturday, October 24

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

Sunday, October 25 (includes lunch)

FULL 9 10 \$239 \$249

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

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

Full 3-day Conference

Does not include workshops

Full 3-day, October 26-28 ~~\$459~~ \$279* \$479

I select the following day only:

Monday, October 26 \$239 \$249

Tuesday, October 27 \$239 \$249

Wednesday, October 28 \$239 \$249

Internet@Schools West 2009

Internet@Schools West 2009
2-day conference, October 26-27 \$499 \$209
~~\$169*~~

Internet@Schools West 2009
2-day conference + Full 3-day IL 2009 \$459 \$479
~~\$279*~~

Exhibition Only FREE FREE

* Amigos discounted price

** After September 11, please register directly to Information

Today at www.infotoday.com/il2009.

Total

	By Sept. 11	After Sept. 11**
PM <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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	\$169
Sunday, October 25 (includes lunch)		
FULL <input type="checkbox"/> 9 <input type="checkbox"/> 10	\$239	\$249
AM <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	\$159	\$169
PM <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22	\$159	\$169
<input type="checkbox"/> Full 3-day, October 26-28	\$459 \$279*	\$479
<input type="checkbox"/> Monday, October 26	\$239	\$249
<input type="checkbox"/> Tuesday, October 27	\$239	\$249
<input type="checkbox"/> Wednesday, October 28	\$239	\$249
<input type="checkbox"/> Internet@Schools West 2009 2-day conference, October 26-27	\$499 \$169*	\$209
<input type="checkbox"/> Internet@Schools West 2009 2-day conference + Full 3-day IL 2009	\$459 \$279*	\$479
<input type="checkbox"/> Exhibition Only	FREE	FREE
Total		

B. PERSONAL INFORMATION

Name _____

Title _____

Organization _____

Street _____

City, State, Zip _____

Phone _____

Fax _____

E-mail _____

Your Type of Library: (Check One)

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

Your Job Function: (Check One)

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

C. PAYMENT METHOD

Registration must be received by September 11, 2009 (after this date register directly with Information Today, Inc. at regular rates). Check should be made payable to Amigos Library Services, Inc.

- Check enclosed for the amount of \$ _____
- Please deduct fees from my library's Amigos deposit account

Authorizing signature required to deduct fees from deposit account

Charge to: Visa MasterCard Discover

Account Number: _____

Exp. Date: _____

Signature: _____