# Virtual Conference Registration Form

**DEADLINE FOR SUBMISSION: TUESDAY, MARCH 21, 2017**

**Register online at conference.acrl.org/ or mail or fax to:**

**ACRL 2017 Virtual Conference Registration/Experient**
**5202 Presidents Court, Ste. G100**
**Frederick, MD 21703 USA**
**Fax: 301-694-5124**

**Full Name:** _____

**Institution:** _____

**Street Address:** _____

**City, ST, Zip:** _____

**Country (if not US):** _____

**Phone:** _____

**E-mail Address:** _____

**Membership #:** *(if applicable)* _____

__ I will require Americans with Disabilities Act special assistance. *An ACRL staff member will contact you.*

**Save money! Join ACRL now and register at the member rate. Forms are available online at www.acrl.org.**

_____ As an added benefit, you may receive exciting information from exhibitors such as invitations, contests, and other exciting news via e-mail. If you do **not** want to receive such e-mail, please check here.

**GENERAL REGISTRATION** – Please indicate your registration category.

_____ ACRL member **$185**
_____ ALA Member **$225**
_____ Nonmember **$295**
_____ Full-time student **$85**
_____ Retired **$125**
_____ Nonsalaried/unemployed ALA member **$125**

_____ Group: up to 3 attendees **$325**
_____ Group: 4- 9 attendees **$625**
_____ Group: 10 or more attendees **$995**
_____ Group registration, additional site license **$25**

**SUMMARY OF PAYMENT**
General Registration $_____

**PAYMENT METHOD:**
___Visa ___MasterCard ___Amex ___Enclosed check payable to ALA/ACRL

Credit Card number _____

Name on Card _____Expiration date _____

Signature _____

**Registration Directions:** The registration deadline is **March 21, 2017**. Cancellations received on or before March 21, 2017, are entitled to a refund minus a $50 processing fee. Cancellations received after March 21, 2017 will not receive a refund.