

New Jersey Library Association Please check if you are a new member and/or new attendee.

■ **Badge and Contact Information**

NAME _____ DAYTIME PHONE _____ EMAIL _____

TITLE _____ LIBRARY/INSTITUTION _____

Please check membership(s): NJLA NJALA NJASL NJLTA ACRL/nj **(MEMBERS OF THESE ORGANIZATIONS MAY ATTEND AT THE PERSONAL MEMBER PRICE.)**

Please check if you are an MLS student: Indicate school _____

Registration Fees	*Preconference Monday only		*Indicate Preconference:	One Day Tuesday or Wednesday		Full Conference Tuesday & Wednesday	
	regular fee	Ensuring Access					
Early Bird register by March 24			<input type="checkbox"/> Advocacy <input type="checkbox"/> Teens <input type="checkbox"/> Web Usability <input type="checkbox"/> Reading <input type="checkbox"/> Access (▲) \$15 additional				
Personal member	<input type="checkbox"/> \$ 50	<input type="checkbox"/> \$ 65 ▲		\$ 65	<input type="checkbox"/> Tue <input type="checkbox"/> Wed		<input type="checkbox"/> \$105
Non-member	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$ 90 ▲		\$100	<input type="checkbox"/> Tue <input type="checkbox"/> Wed		<input type="checkbox"/> \$165
Student/Retiree	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 40 ▲		\$ 25	<input type="checkbox"/> Tue <input type="checkbox"/> Wed		<input type="checkbox"/> \$ 40
Regular/On-site after March 24							

REGISTRATIONS POSTMARKED OR FAXED AFTER MARCH 24 WILL BE SUBJECT TO THE REGULAR FEE.

■ **Tickets For Luncheons** Please indicate choice.

- | | | |
|---|--|--|
| <input type="checkbox"/> Tuesday, April 25
Leadership Luncheon \$30
<input type="checkbox"/> Chicken w/herb, mushroom and plum tomato sauce
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Special Diet (specify) _____ | <input type="checkbox"/> Wednesday, April 26
College and University Luncheon \$30
<input type="checkbox"/> Chicken w/honey mustard glaze
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Special Diet (specify) _____ | <input type="checkbox"/> Wednesday, April 26
Garden State Book Awards Luncheon \$30
<input type="checkbox"/> Chicken w/honey mustard glaze
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Special Diet (specify) _____ |
|---|--|--|

■ **Voucher or Check Payable to NJLA or Credit Card Authorization Must Accompany this Form**

Registration and meals paid by voucher or credit card may be faxed to 609-394-8164.

PAYMENT FOR REGISTRATION AND MEALS CAN BE REFUNDED IF SUE RICE (NJLA OFFICE) IS NOTIFIED PRIOR TO MARCH 24. THERE WILL BE NO REFUNDS AFTER THIS DATE.

Mail to: NJLA Conference Pre-Registration, New Jersey Library Association, PO Box 1534, Trenton, NJ 08607

NJLA is a New Jersey Department of Education Professional Development Provider.

Preconference Fee	\$ _____
Conference Fee	\$ _____
Luncheons	\$ _____
Total	\$ _____

I will require Americans with Disabilities assistance on-site.
 My daytime phone is () _____

Charge my Visa Mastercard # _____ Exp Date _____

Name on Card (please print) _____ Signature _____

YOUR REGISTRATION MUST BE RECEIVED BY MARCH 31 OR PLEASE REGISTER ON-SITE AT THE CONFERENCE.