

UIUC FACULTY/STAFF/STUDENT REGISTRATION FORM

LIBRARY HISTORY SEMINAR XI

**"Libraries in Times of War, Revolution & Social Change"**  
**October 27-30, 2005**

***Please Print:***

Name (First, M.I., Last): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name badge preference (first [or nickname] and last): \_\_\_\_\_

REGISTRATION FEE (includes conference registration fee and meals, but not lodging):

\_\_\_\_\_ **UIUC Student – \$100**

\_\_\_\_\_ **UIUC Faculty/Staff – \$200**

\_\_\_\_\_ **I would like to donate \$ \_\_\_\_\_ to support doctoral students' attendance.**

Special dietary restrictions: \_\_\_\_\_

Indicate which meals you will be attending (for meal count purposes):

\_\_\_ Thursday evening dinner

\_\_\_ Saturday breakfast

\_\_\_ Sunday breakfast

\_\_\_ Friday breakfast

\_\_\_ Saturday lunch

\_\_\_ Sunday lunch

\_\_\_ Friday lunch

\_\_\_ Saturday dinner

\_\_\_ Friday dinner

Method of Payment: (*We can not accept purchase orders.*)

\_\_\_\_\_ Check enclosed (make payable to University of Illinois)

\_\_\_\_\_ Charge to credit card: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Signature of cardholder: \_\_\_\_\_

To register...

*by phone* (payment by credit card): 217-333-8739 or 800-982-0914 (Ask for Kathy Painter)

*by FAX* (payment by credit card): 217-244-3302

*by mail* to:

Library History Seminar XI

ATTN: Kathy Painter

Graduate School of Library and Information Science

University of Illinois at Urbana-Champaign

501 E. Daniel Street

Champaign IL 61820-6211

**Deadline: September 16, 2005 (or sooner if filled)**