

REGISTRATION & HOUSING INFORMATION

REGISTRANT INFORMATION:

Mr. Ms. Mrs. Dr. I am a first time registrant of the ALA Annual Conference

Member Number _____

Name: First _____ Last _____

Position/Title _____

Organization Name _____

Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____

Country _____

The above mailing address is: home work

Daytime Phone _____ Fax _____

Email _____

Attendees may receive exciting advance information from exhibitors like invitations, contests and other hot news.

COUNT ME IN! yes no

BADGE INFORMATION:

Complete the information below, abbreviating as needed. Write clearly and please do not exceed the maximum characters.

First Name _____
(15 characters)

Last Name _____
(15 characters)

Title _____
(40 characters)

Institution/Organization _____
(25 characters)

City _____ State _____
(25 characters)

Twitter Handle _____

If you have a physical or communication need that may affect your participation in conference activities, please contact Conference Services at the email given below. We cannot ensure the availability of appropriate accommodations without prior notification of need.

I have a special physical or communications need and will contact confaccess@ala.org to discuss accommodations no later than May 25, 2018.

ORGANIZATIONAL MEMBERS:

Employees of ALA Organizational Members will get a special discounted rate off the non-member rate if they register together. This attractive rate: (Early Bird-\$330, Early Advance-\$355) is available if four or more employees register at the same time. Purchase orders, checks or credit cards will be accepted. For more information contact ababcock@ala.org.

INSTRUCTIONS

Pages 1 and 2 must be completed and returned with payment (US funds) or credit card information, postmarked or electronically submitted by March 7, 2018 to receive the Early Bird rates. Forms postmarked after March 7, 2018 will be processed at the Advance rate.

THREE WAYS TO EARLY ADVANCE REGISTER

By mail: Send form and payment to:
ALA Registration Department
c/o CompuSystems
2651 Warrenville Rd, Suite 400
Downers Grove, IL 60515

Make checks to: American Library Association

By fax: If you pay with a credit card you may fax your completed registration form 24 hours a day to 708-344-4444. Note: Do not mail form if previously faxed. Send fax only once.

Online: Access the ALA 2018 Annual Conference homepage at www.alaannual.org and select "Registration." Non-members and former members are invited to join ALA at www.ala.org/membership prior to registering for maximum savings.

Cancellation policy: Written requests for refunds must be postmarked by May 31, 2018. Cancellation of registration will result in a handling fee of \$25 for each item cancelled. No phone cancellations. No refunds after May 31, 2018. No refunds given for "Exhibits Only", badges. Refunds will be processed after the Annual Conference.

PLEASE COMPLETE THE SURVEY BELOW

01 Principal Product Interest

- 01 Book, Periodicals, Documents
- 02 Library Automation
- 03 Equipment, Furniture, Shelving
- 04 A/V Equipment/Materials
- 05 Services
- 06 Other Products and Services

02 Purchasing Decision-Making role

- 01 Final
- 02 Specify
- 03 Recommend
- 04 No Role
- 05 Don't Know

03 Purchasing Plans Next 12 Mos.

- 01 \$0-49,999
- 02 \$50-99,999
- 03 \$100-249,999
- 04 \$350-499,999
- 05 \$500-999,999
- 06 \$1 million +
- 07 Don't Know

04 Operating Expenditures

- 01 \$0-499,999
- 02 \$500-999,999
- 03 \$1 mil-1,999,999
- 04 \$2 mil-4,999,999
- 05 \$5 mil +
- 06 Don't Know

05 Please select any of the following that DESCRIBE you:

- 01 Blogger (Topic: _____)
- 02 Educator
- 03 Bookseller
- 04 Librarian
- 05 Library Staff
- 06 Other Allied Professional: _____

2017 ALA ANNUAL CONFERENCE & EXHIBITION



Name _____

Member Number _____

1. ANNUAL CONFERENCE REGISTRATION: Please check off your selection and insert the appropriate fee in "Amount Enclosed."

REGISTRATION TYPE	EARLY BIRD BY NOON 3/7	EARLY ADVANCE BY NOON 5/2	ADVANCE BY NOON 6/15	AMOUNT ENCLOSED
ALA Personal Member* <i>(ALA and Division Members)</i>	<input type="checkbox"/> \$305	<input type="checkbox"/> \$320	<input type="checkbox"/> \$350	\$
ALA Other Member* <i>(Retired, Student, Trustee, Non-Salaried, and Support Staff)</i>	<input type="checkbox"/> \$160	<input type="checkbox"/> \$185	<input type="checkbox"/> \$200	\$
Non-Member <i>Nonmembers and former members are invited to join ALA at www.ala.org/membership prior to registering for maximum savings.</i>	<input type="checkbox"/> \$395	<input type="checkbox"/> \$420	<input type="checkbox"/> \$460	\$
Exhibits Only Badge <i>(Includes access only to the exhibits on Saturday, Sunday and Monday only)</i>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	\$
One Day Member*	<input type="checkbox"/> \$215	<i>Select day: FRI SAT SUN MON</i>		\$
One Day Other Member*	<input type="checkbox"/> \$150	<i>Select day: FRI SAT SUN MON</i>		\$
One Day Non-Member	<input type="checkbox"/> \$225	<i>Select day: FRI SAT SUN MON</i>		\$

*must show proof of ALA membership

TOTAL FROM SECTION 1: \$ _____

2. PRECONFERENCES AND SPECIAL EVENTS: Include the event code found online, the price of your event and the number of tickets you wish to purchase, then put the final amount in the "Amount Enclosed" column. Add up all your events and put that amount in the "Total from Section 2" column. Please print clearly.

EVENT CODE	PRICE PER TICKET	# OF TICKETS	AMOUNT ENCLOSED
	\$		\$
	\$		\$
	\$		\$
	\$		\$

TOTAL FROM SECTION 2: \$ _____

ADD THE TOTAL FROM SECTIONS 1 AND 2 ABOVE, AND ENTER HERE:

TOTAL AMOUNT ENCLOSED:

PAYMENT INFORMATION: Check the type of payment enclosed:

Check Visa Mastercard American Express

Your payment indicates that you agree to the terms to the right.

Credit Card Number _____

Expiration Date _____

(Must be 6/18 or after)

Cardholder Signature _____

PLEASE NOTE

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Photos/Video: Attendance at this event constitutes permission for your photograph or video to be taken at the event and used for ALA purposes.

2017 HOUSING REQUEST FORM

DEADLINE FOR SUBMISSION : MAY 22, 2018

Annual Registration ID: _____

INSTRUCTIONS: (You must be registered for the Conference to register for housing.)

Please complete this form in its entirety to insure speedy processing. All hotels require a one night + tax credit card guarantee to hold your room. Reservations are not guaranteed until onPeak has a credit card on file. **DO NOT SEND DUPLICATE FORMS**—If sharing room(s) designate one person to send request. Be sure to include your e-mail address. Reservations can also be made or changed by visiting onpeak.com/ala or by calling 800-584-9047.

CONFIRMATION WILL BE SENT TO:

Last name of person requesting rooms and confirmation _____ First Name _____

Name of Company or Firm _____

Street Address or P.O. Box number _____

City _____ State _____ Postal Code _____

Country _____ Phone _____ Fax _____

Email (please print clearly to receive electronic confirmation) _____

Arrival day/date _____ Departure day/date _____

OCCUPANT(S)

Please do not duplicate. If sharing a room, designate one person to complete form. Print last name first.

1 _____ 2 _____

3 _____ 4 _____

HOTEL CHOICES

Please print name and number of hotel as listed on Hotel Locator Map.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Smoking Room Requested. (All rooms are considered non-smoking rooms unless otherwise requested. Please check to ensure the hotels you have requested have smoking rooms available if selecting this option.)

IMPORTANT NOTES

- Rooms are assigned on a "first come/first served" basis and room availability for your arrival/ departure.
- Failure to check into your hotel on the scheduled date of your arrival will result in the cancellation of your reservation and a charge equal to one night's room and tax to the credit card used to guarantee your reservation.
- All changes and/or cancellations prior to June 14th must be made through onPeak, ALA's official housing provider.
- Reservations are not guaranteed until onPeak has a credit card on file.

CREDIT CARD GUARANTEE—FIRST NIGHT+TAX

Please guarantee my reservation to (check one): Check (credit card included below for room guarantee only) Visa Mastercard American Express

Credit Card Number _____

Expiration Date (Must be 6/18 or after) _____

Cardholder Signature _____

Date _____

Please make checks payable to onPeak.

ROOM PREFERENCE

Bedding requests are based on availability. Every effort will be made to accommodate requests.

- Single (one person/one bed)
- Double (two people/one bed)
- Double/double (two people, two beds)
- Triple (three people/1-2 beds)
- Quad (four people/two beds)
- Requires ADA accessible room
 - Mobility
 - Hearing impaired
 - Visually impaired

MAIL PAGE 3 FORM TO:

onPeak LLC
Attn: ALA Annual 2017
350 North Clark Street, Suite 200
Chicago, IL 60654

EMAIL FORM TO:

ala@onpeak.com

CONFERENCE REGISTRATION FEES FOR GROUPS OF 4 OR MORE

Four or more employees of ALA organizational members will get a discounted rate of Early Bird-\$330 and Early Advance-\$355. Please fill out ONE of this page and as many as needed of page 1 and 3.

RATES:

Exclusive pricing for ALA Member Libraries and Non-Profits:

ALA Member ID - Library or Non Profit _____

EARLY BIRD BY NOON 3/7

\$330

EARLY ADVANCE BY NOON 5/2

\$355

Group Rate of _____ x Number of Individuals _____ = Total Fees for Full Registration \$ _____

GROUP REGISTRANT INFORMATION:

All mailings concerning the Annual Conference will be sent to the address provided below:

ALA Member ID-Library or Non-Profit _____

Organization Name _____

Address _____

City _____

State/Province _____ Postal Code _____ Country _____

Primary Contact for this Group Registration _____

Daytime Phone _____ Fax _____ Email _____

TOTAL FULL REGISTRATIONS: \$ _____

TOTAL TICKETED EVENTS: \$ _____

GRAND TOTAL DUE: \$ _____

PAYMENT INFORMATION:

Please add up the Total Full Registrations, above, plus any ticketed events purchased for group rate registrants (from any attached copies of Page 3).

BY INSTITUTIONAL CHECK OR PURCHASE ORDER

Our Institutional check made out to "American Library Association" is enclosed

Our Institutional Purchase Order is Enclosed

BY CREDIT CARD

Check the type of payment enclosed: Visa Mastercard American Express

If paying by credit card, signature indicates that you agree to the terms of the cancellation policy (page 2).

Credit Card Number input field

Credit Card Number

Expiration Date input field

Expiration Date (Must be 6/18 or after)

Cardholder Signature

Date

COMPUSYSTEMS CUSTOMER SERVICE: 855-326-8344 | alaregistration@compusystems.com