

# REGISTRATION FORM

Mail this completed form to Ohio Library Council, Dept. LB 24, PO Box 183027, Columbus, OH 43218-3027 or fax it to OLC at (614) 410-8098 with complete credit card information. Online registration is also available by visiting our Web site at [www.olc.org](http://www.olc.org). To avoid double billing do not follow a faxed credit card registration or an online registration with paper registration.

**Instructions:**

1. Please use one form per person. Make copies for additional participants.
2. Please type or print all information.
3. If you would like to become an OLC member and take advantage of the member rate for the chapter conferences, complete the Membership Application
4. Please refer to "Registration Guidelines"

**Information:**

5. Name: \_\_\_\_\_  
 Membership #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Library/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

OLC believes that we can better plan future Chapter Conferences if we know a bit more about the people who attend current programs. Please tell us a bit about yourself by completing the simple profile form below. First, choose the position that best reflects your **current role** at the library, then, **generally speaking**, indicate the size of your library, and finally, state the **total number of years** you've worked in a library **even if some of those years may have been spent in positions different from your current role.**

Current Role	Size of Library (Sm/Med/Lg)	Total number of years you've worked in a library
Director		
Administrator/Management		
Information Technology		
Technical Services		
Children's Services		
YA Services		
Outreach/Spec. Serv/Marketing		
Reference Services		
Adult Services		
Support Staff		
Other		

**Registration Type:** (Check all that apply)

6.  OLC Personal Member     Non-Member     Speaker – Program Title \_\_\_\_\_

**Fees:**

7. Registration Fees: (See Number 4 of Registration Guidelines.) Enter the appropriate amount on the line of each event you will attend.

	Member	Non-Member	Student	Speaker	
Chapter Conference	\$75.00	\$120.00	\$35.00	\$0.00	
Trustee Dinner	\$35.00	\$35.00	\$35.00	N/A	
Conference Date	Chapter Conference			Trustee Dinner	Amount Due
				(night before each conf.)	
March 25 - Northeast Chapter	\$ _____		\$ _____		\$ _____
April 2 - Southeast Chapter	\$ _____		\$ _____		\$ _____
April 16 - North Chapter	\$ _____		\$ _____		\$ _____
April 24 - Northwest Chapter	\$ _____		\$ _____		\$ _____
May 1 - Southwest Chapter	\$ _____		\$ _____		\$ _____
May 8 - Central Chapter	\$ _____		\$ _____		\$ _____
			<b>Total Amount Due</b>		\$ _____

Vegetarian lunch required  
 Special dietary requirements    Please explain \_\_\_\_\_

**Payment Options:**

8. Check made payable to OLC enclosed:    OR  
 Please charge to:  Visa     MC     AmEx    or     Purchase Order  
 Card/PO. Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_