

ARCHIVAL CONTINUING EDUCATION WORKSHOP REGISTRATION FORM

Name _____ SAA Member No. _____

Title/Institution _____

Mailing Address:

<input type="checkbox"/> Business <input type="checkbox"/> Home (list one)
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Daytime Phone _____ Fax _____

Email _____

1. Please describe your current job responsibilities.

2. Please list up to three objectives you have in attending this workshop, including any problems or special concerns from your own repository which you would like the instructor to address.

3. How many years of archives experience have you had?
 0-1 1-2 3-7 8+

4. For how many years have you maintained your current position?
 0-1 1-2 3-7 8+

5. Please list any previous Society of American Archivists workshops or institutes you have attended.

Prepayment is required. All payments must be in U.S. funds by check. Enrollment is limited. Workshops are subject to cancellation if minimum enrollment requirement of 15 participants is not met 30 days prior to event. No refunds will be issued for cancellations received less than 7 days prior to the workshop start date. Please notify Susan Hamburger, 814/865-1756, if you will not be able to attend to allow someone on the waiting list to take your place.-

To register for a workshop(s), please print this form, indicate the selected workshop name(s) and applicable registration fees(s) below, and submit your completed registration form and payment to the address listed below:

WORKSHOP NAME	REGISTRATION FEE
TOTAL:	

Please make checks payable to **The Pennsylvania State University**
 and submit the completed form and payment to: Susan Hamburger
 Manuscripts Cataloging Librarian, Cataloging Services
 The Pennsylvania State University
 126 Paterno Library
 University Park PA 16802