

Midcontinental /Midwest
 Chapters of the Medical Library Association
 2007 Joint Chapter Conference Registration Form

Name _____
 Institution _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ E-mail _____

Vegetarian meals? ____ Yes ____ No

- Check here if this is your first Midcontinental or Midwest Chapter/MLA meeting
- Member Midcontinental Member Midwest Student member Student non-member
- Non-member

Conference (Friday/Tuesday, October 12-16)	Member	Non-member	Amount
<input type="checkbox"/> Late Registration (after Sept. 1)	\$250	\$300	\$ _____
<input type="checkbox"/> Student	\$75	\$ 75	\$ _____
<input type="checkbox"/> One day only	\$125	\$125	\$ _____

BYOB (Bring your own bag): new conference bags will not be provided. Please bring a bag(s) from previous conferences to use. Think "Green."

Special Events (Registration includes one ticket to the following events **EXCEPT** for the Saturday lunch. Tickets for the Saturday lunch and additional tickets may be requested. Please indicate the events you plan to attend and if you would like a Saturday lunch or extra tickets.)

I plan to attend:	Extra Tickets	Amount
<input type="checkbox"/> Opening reception	_____ number @ \$ 25 =	\$ _____
<input type="checkbox"/> Lunch with exhibitors	_____ number @ \$ 21 =	\$ _____
<input type="checkbox"/> Luncheon speaker	_____ number @ \$ 24 =	\$ _____

<input type="checkbox"/> Saturday lunch (Available for all attendees)	_____ number @ \$ 15 =	\$ _____

Continuing Education

<input type="checkbox"/> CE#1: Proposal Writing (Sat. 8-5 p.m.) CANCELLED	_____ number @ \$125 =	\$ _____
<input type="checkbox"/> CE#2: Emerging Mobile Technologies (Sat. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#3: Leadership Skills (Sat. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#4: Bioinformatics Primer (Sat. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#5: Magnet Nursing (Sat. 9 – 12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#6: Space Planning (Sat. 10-5 p.m.)	_____ number @ \$100 =	\$ _____
<input type="checkbox"/> CE#7: Expert Searching Nursing (Sat. 1-5 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#8: Research for Beginners (Sat. 1-5 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#9: Library Advocacy (Sat. 1-5 p.m.) CANCELLED	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#10: Patient Safety (Sat. 1-5 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#11: Cultural Competency (Tues. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#12: Evidence Based Medicine (Tues. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____
<input type="checkbox"/> CE#13: Institutional Repositories (Tues. 8-12 p.m.)	_____ number @ \$ 75 =	\$ _____

Total Registration Fee \$ _____



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Registrations may be made online with PayPal. If not using PayPal, checks/money orders for all fees are payable to: **ICON 2007 Joint Meeting** (FE:47-0752375)

Cancellations: *All cancellations must be submitted in writing and faxed to Tom Gensichen at 402.559.5498. Requests received before 11:59 p.m. on **September 30, 2007**, will receive a full refund minus a \$20 handling fee. After September 30, 2007, refunds minus the \$20 handling fee will only be given for documented medical emergencies. Refunds will be processed 5-7 working days following the conference.*

Mail registration to: Tom Gensichen
McGoogan Library of Medicine
University of Nebraska Medical Center
986705 Nebraska Medical Center
Omaha, NE 68198-6705

NOTE: *Photographs taken at this annual conference may appear in online chapter publications, including newsletters, blogs, and photo galleries. If you **do not** want to have your photograph appear online, please check this box:*