

**MID-ATLANTIC CHAPTER
MEDICAL LIBRARY ASSOCIATION
2000 ANNUAL MEETING**

October 18-21, 2000, Hotel Roanoke, Roanoke, VA

<http://www.cbil.vcu.edu/mac/>

Registration forms must be postmarked by September 8, 2000 to avoid late registration

Name (as you wish it to appear on your badge)		
Library		
Institution		
Mailing Address		
City	State	Zip Code
Daytime Phone	Email Address	

REGISTRATION

Circle choice and enter fee on Line 1 of fees box	MAC Member registering before 9/8/00	MAC Member registering after 9/8/00 or Non-Member
Inclusive Conference: Sessions, Exhibits, and tickets to Welcome Reception, Awards Luncheon, Banquet, & Friday Luncheon	\$160	\$195
One day registration: Circle Thursday or Friday Includes lunch	\$100	\$130
Student: Choose MAC Member		

CONTINUING EDUCATION

Indicate 1st and 2nd choice for each day. Enter total fees on Line 2 of fees box.

Choice	Day	Course Name	MAC/SLA Member	MAC/SLA Non-Member
	Wed.	Applying Copyright Law in Libraries	\$130	\$170
	Wed.	Introduction to Electronic Resources	\$65	\$85
	Sat.	Keeping Up with NLM's PubMed	\$65	\$85
	Sat.	Complementary and Alternative Med (CAM)	\$65	\$85
	Sat.	Management for Solo Librarians	\$130	\$170

Would you like an appointment to discuss membership in the Academy of Health Information Professionals? Yes _____ No _____

Would you like a buddy (for first timers)? Yes _____ No _____

Please indicate any special needs (dietary, access, others): _____

CANCELLATION POLICY

All cancellation requests must be made in writing to Alice Sheridan at the address below. Cancellations postmarked before 9/22/00 are subject to a \$50.00 fee for cancelled registration and a \$25.00 fee for a cancelled CE course. No refunds will be made for cancellations postmarked after 9/22/00.

TICKETED EVENTS

Indicate the number of additional tickets below and enter total fees on Line 3 of fees box.

Welcome Reception	No	Tickets @ \$35
Awards Luncheon	No	Tickets @ \$20
Banquet	No	Tickets @ \$35
Business Meeting Luncheon	No	Tickets @ \$20

CONCURRENT SESSIONS

Friday, 10-11

Indicate your choice to help with space planning.

Choice	Session Name
	MedlinePlus
	New Docline
	Career Enhancement

ENTER FEES BELOW

1. Registration Fee	\$
2. CE Course Fee	\$
3. Tickets	\$
4. TOTAL	\$

Make check payable to MAC/MLA
No government purchase orders

Registration confirmation will be made by email if your email address is listed above. Otherwise, you will be notified by mail. Please keep the back copy of your form for your records.

Return the other 3 copies of this form to:

Alice Sheridan
Inova Fairfax Hospital
Health Sciences Library
3300 Gallows Road
Falls Church, VA 22042

For Registration Information call: 703-698-3369.