

**MID-ATLANTIC CHAPTER
MEDICAL LIBRARY ASSOCIATION
2002 MEETING**

October 17-19, 2002, Wyndam City Center Hotel, Washington, DC
<http://www.cbil.vcu.edu/mac/events/2002/meeting.html>

Registration forms must be postmarked by September 9, 2002 to avoid late registration fee.

Name (as you wish it to appear on your badge)

Library

Institution

Mailing Address

City State Zipcode

Daytime Phone Email Address

REGISTRATION

Circle choice and enter fee on Line 1 of fees box	MAC Member registering before 9/9/02	MAC Member registering after 9/9/02, or non-member
Inclusive conference: Sessions, Exhibits and tickets to Welcome Reception, Round-Table Luncheon, Awards Breakfast and Business Luncheon	\$175	\$215
Sessions/Exhibits only	\$130	\$160
One day registration: Circle Friday (includes breaks and lunch) or Saturday (includes breakfast and lunch)	\$120	\$150
Student: Includes Sessions and exhibits only	\$35	\$40

CONTINUING EDUCATION

Indicate first and second choice for each day. Enter total fees on line 2 of fees box

Choice	Day	Course Name	MAC/SLA Member	MAC/SLA non-member
	Thur. 8 AM-5 PM	Measuring the Difference	\$130	\$170
	Thur. 8 AM-12 PM	Bioethics Workshop	\$65	\$85
	Thur. 1 PM-5 PM	Advanced PDA	\$65	\$85

Would you like an appointment to discuss membership in the Academy of Health Information Professionals (AHIP)?
 Yes _____

Would you like a buddy (for first timers)? Yes _____
 Please indicate any special needs (dietary, access, others):

TICKETED EVENTS

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

Event	Number of Additional Tickets Needed	Price of Tickets
Welcome Reception		\$20
Round Table Luncheon		\$40
Awards Breakfast		\$27
Business Luncheon		\$40

ENTER FEES BELOW

Registration Fee	
CE Course Fee	
Extra Tickets	
TOTAL	

Make check payable to MAC/MLA
 No government purchase orders

Return 2 copies of this form to:
 Ed Dzierzak
 Marshall University Health Sciences Library
 1600 Medical Center Drive
 Suite 2400
 Huntington, WV 25701

Registration confirmation will be made by email if your email address is listed above. Otherwise, you will be notified by mail. Please photocopy this form for your records.

For Registration Information call: 304-691-1750

CANCELLATION POLICY

All cancellation requests must be made in writing to Ed Dzierzak at the above address. Cancellations postmarked before 9/16/02 are subject to a \$50 fee for cancelled registration and a \$25 fee for a cancelled CE course. No refunds will be made for cancellations postmarked after 9/16/02.