

# SAA MEETING REGISTRATION FORM

WASHINGTON, DC • AUGUST 27-SEPTEMBER 2, 2001

PLEASE TYPE OR PRINT CLEARLY.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

NAME ON BADGE (FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_  
(UP TO 20 CHARACTERS) (UP TO 40 CHARACTERS)

INSTITUTION \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

FOR OFFICE USE ONLY: EVENT # 2001 BATCH # _____ REGISTRATION # _____ LAST NAME _____ AMOUNT \$ _____ CHECK # _____
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SAA INDIVIDUAL MEMBER:  NO  YES MEMBER ID # \_\_\_\_\_  
(PLEASE REFER TO NUMBER ON MAILING LABEL ABOVE YOUR NAME)

SAA INSTITUTIONAL MEMBER:  NO  YES INSTITUTION MEMBER ID#: \_\_\_\_\_

(ONLY ONE INDIVIDUAL PER REGULAR INSTITUTIONAL MEMBERSHIP CAN REGISTER AT THE MEMBER RATE; THREE INDIVIDUALS PER SUSTAINING INSTITUTIONAL MEMBERSHIP CAN REGISTER AT THE MEMBER RATE)

ARMA INDIVIDUAL MEMBER:  NO  YES MEMBER ID # \_\_\_\_\_

ACCOMPANYING GUEST NAME FOR WHOM TICKETS HAVE BEEN PURCHASED \_\_\_\_\_

## NAVIGATOR PROGRAM

Yes, please have someone contact me about the Navigator Program.

## ROOMMATE REQUEST

Yes, place me on the roommate request list. I will need a roommate for the following nights:

ALL OR 8/26 8/27 8/28 8/29 8/30 8/31 9/1 9/2

MY PREFERENCES FOR A ROOMMATE ARE:  FEMALE  MALE  SMOKING  NONSMOKING

## SPECIAL ACCESSIBILITY REQUIREMENTS

Individuals with special accessibility requirements are encouraged to let SAA know so that every effort can be made to ensure your full participation in this meeting. Please check the box if you would like to be contacted so that SAA can accommodate your requirements.

## SPECIAL DIETARY REQUIREMENTS

Please check the box(es) below if you have any special dietary requirements.

Vegetarian - dairy and seafood okay

Vegetarian - no dairy

Vegetarian - no seafood

Lactose intolerant

Food allergy, please specify \_\_\_\_\_

*The only meals provided during the SAA conference are the ticketed meals including the ACA Lunch and Lone Arrangers Lunch which take place on Friday, August 31. If you are not purchasing a meal ticket for either one of these events, you do not need to complete this section.*

# SAA MEETING REGISTRATION FORM (cont.)

REGISTRATION FEES	NONMEMBERS	SAA MEMBERS	TOTAL
PREREGISTRATION FEE (POSTMARKED OR FAXED ON OR BEFORE JULY 6, 2001)	\$315	\$265	_____
REGISTRATION FEE (POSTMARKED ON FAXED AFTER JULY 6, 2001 BUT ON OR BEFORE JULY 27, 2001)	\$345	\$295	_____
LATE REGISTRATION FEE (AFTER JULY 27, 2001, PLEASE REGISTER ONSITE)	\$365	\$315	_____
STUDENT REGISTRATION	\$110	\$100	_____
ONE-DAY PER DAY FEE, PLEASE INDICATE DAY(S) _____	\$140	\$125	_____
EXHIBITOR	COMP	COMP	_____
		<b>SUBTOTAL</b>	_____

TICKETED SPECIAL EVENTS	# OF TICKETS	NONMEMBERS	SAA MEMBERS	TOTAL
CORCORAN GALLERY RECEPTION—FRIDAY, AUGUST 31	_____	FREE TO THOSE REGISTERED.		_____
GUEST TICKET TO ABOVE RECEPTION	_____	\$35	\$35	_____
ACA LUNCH—FRIDAY, AUGUST 31	_____	\$35	\$35	_____
LONE ARRANGER DISCUSSION (SEE BELOW) WITH LUNCH—FRIDAY, AUGUST 31	_____	\$27	\$27	_____
LONE ARRANGER DISCUSSION (SEE BELOW) WITHOUT LUNCH—FRIDAY, AUGUST 31	_____	\$0	\$0	_____
SATURDAY EVENING RECEPTION—SATURDAY, SEPTEMBER 1	_____	\$15	\$15	_____
		<b>SUBTOTAL</b>		\$ _____
		<b>GRAND TOTAL</b>		\$ _____

## METHOD OF PAYMENT

Prepayment is required. All payments must be in U.S. funds. SAA accepts checks, Visa or MasterCard. Do not send cash.

CHECK # \_\_\_\_\_  VISA  MASTERCARD

\_\_\_\_\_

CARD #	EXP. DATE	SIGNATURE
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Please list topics of interest to you as a lone arranger:

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\_\_\_\_\_

\_\_\_\_\_

If you would like to be a discussion group facilitator, please indicate accordingly:  YES  NO

**SEND COMPLETED FORM WITH PAYMENT TO:**  
 SOCIETY OF AMERICAN ARCHIVISTS  
 527 S. WELLS ST., 5TH FLOOR. CHICAGO, IL 60607-3922

**OR SUBMIT VIA FAX** ALONG WITH CREDIT CARD  
 INFORMATION, FAX 312/347-1452.

*PLEASE DO NOT SUBMIT REGISTRATION  
 VIA BOTH FAX AND REGULAR POST.*