SOCIETY OF American Archivists
17 North State Street, Suite 1425
Chicago, Illinois 60602 USA
866/SAA-7858 • fax 312/606-0728
www.archivists.org

Continuing Education Registration Form

Name _____ Title _____

Preferred Mailing Address ❑ Business ❑ Home

_____

_____

Daytime Phone _____ Fax _____

E-mail _____

This e-mail address will replace previous addresses you've provided.

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 SAA workshops or institutes you have attended.

Prepayment is required. All payments must be in U.S. funds, either check or charge. Enrollment is limited. Programs are subject to cancellation if minimum enrollment requirements are not met 21 days prior to event. Registrations and payments postmarked or received via fax after the early registration deadline will be charged at the regular fee. No refunds will be issued for cancellations received less than 5 business days prior to the program start date. Cancelled registrations are subject to a $35 administrative fee. If payment is by credit card, we recommend that you submit your completed registration form, including credit card information, to SAA via fax or online. To avoid being double-billed, do not send your registration via both fax and mail. Please make checks payable to SAA and mail to the address above.

Event No.	Event Name	Event Location	Event Fee
PROMOTIONAL CODE: (if applicable)			

Method of Payment: ☐ Check _____ ☐ Credit Card: Visa, MasterCard, or American Express

_____ _____

Card Number *Expiration Date*

_____

Card holder's signature *Please print card holder's name & phone number if differs from attendee*