



Collaborative Library Resource Sharing

October 6-7, 2008
Atlanta, GA

REGISTRATION FORM

To register: Complete this form, include the payment information, and return to NISO. Payment must accompany the registration.

LAST NAME			FIRST NAME			MIDDLE		
ORGANIZATION						JOB TITLE		
STREET ADDRESS								
CITY			STATE / PROVINCE			ZIP / POSTAL CODE		COUNTRY
PHONE NUMBER			E-MAIL			FAX		

Please indicate your NISO membership status:

- Voting Member Library Standards Alliance (LSA) Member Nonmember
 Student School: _____

If registering for one day, indicate which day **October 6** **October 7**

Forum registration fee:
(Refer to fee table on page 2.)

\$ _____

PAYMENT INFORMATION

- Check (Make checks payable to NISO)
Credit Card: VISA Master Card American Express

ACCOUNT NUMBER			EXPIRATION DATE			CID*		
NAME ON CARD						SIGNATURE		

* For use with e-mailed forms without a signature. E-mail form to nisohq@niso.org with REGISTRATION FORM in the subject line.

Return any paper registration forms with payment to:

National Information Standards Organization
One North Charles Street, Suite 1905
Baltimore, MD 21201 Fax: 410-685-5278

