



2017 SELA Summer Conference

Registration Form

**Registration Deadline: August 1, 2017*

Name: _____

Institution: _____

Please help us update your vital information. . .

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Fax Number: _____

E-mail Address: _____

Conference Registration fee: \$60. This includes breakfast, lunch and afternoon break (Friday) and continental breakfast and a boxed lunch (Saturday).

Will you attend both days? _____ If not, which day will you attend? Fri or Sat

Please make your check payable to the *Southeastern Library Association*. Mail this form and your payment to:

**SELA Administrative Services
P.O. Box 950
Rex, Georgia 30273-0950**

Phone: 678/466-4339 FAX: 678/466-4349