School for Scanning:
The A–Z of Creating Digital Collections
May 1-3, 2007

Registration Form

NORTHEAST DOCUMENT CONSERVATION CENTER

☐ Mr. ☐ Ms. ☐ Other _____

_____
Name *(As you want it to appear on your name badge)*

_____
Title

_____
Institution Name

_____
Institution Address

_____
City State Zip Code

_____
Telephone Number Fax Number

_____
E-mail *(Where your confirmation letter should be sent)*

_____
Card Number

_____
Expiration Date

_____
Name exactly as it appears on the credit card

I authorize the Northeast Document Conservation Center to charge $_____
to the credit card number listed above.

_____
Signature of Cardholder

✦ ✦ ✦ ✦ ✦ ✦

For planning purposes, please indicate which <u>two</u> of the three breakout sessions you'd be interested in attending each day.

	<u>Day 1</u>	<u>Day 2</u>
Breakout Sessions	☐ Image Capture ☐ Selection for Digitization ☐ Test Driving the Technology	☐ Digitizing Text ☐ Digitizing Images ☐ Digitizing Audio & Video