Registration Form

Fall 2008 Preservation Workshops

□ Mr. □ Ms. □ Mrs.

_____

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

_____

Title

_____

Institution Name

_____

Institution Address

_____

City State Zip Code

_____

Telephone Number Fax Number

_____

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

Please check the workshop(s) you wish to attend:

	Workshop Date	**Registration Deadline**
□ Intermediate Book Repair	9/23	9/19
□ Writing Successful Grant Proposals	9/24	9/19
□ Preserving Oversize Paper Artifacts	9/25	9/19
□ Caring for Textiles	10/1	9/26
□ ~~Disaster Planning with dPlan Lite™~~	~~10/2~~	~~9/19~~ ***Workshop Full***

□ MasterCard □ VISA □ American Express (Registration Fee: $150.00 per workshop)

_____

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

9/23/08-10/2/08