REGISTRATION & HOUSING INFORMATION

ALA ANNUAL
CONFERENCE & EXHIBITION
JUNE 20–25, 2019
WASHINGTON, D.C.

REGISTRANT INFORMATION:

☐ *Mr.* ☐ *Ms.* ☐ *Mrs.* ☐ *Dr.* ☐ *I am a first time registrant of the ALA Annual Conference*

Member Number _____

Name: First _____ Last _____

Position/Title _____

Organization Name _____

Address _____

Address Line 2 _____

City _____ State _____ Postal Code _____

Country _____

The above mailing address is: ☐ *home* ☐ *work*

Daytime Phone _____ Fax _____

Email _____

Attendees may receive exciting advance information from exhibitors like invitations, contests and other hot news.

COUNT ME IN! ☐ *yes* ☐ *no*

BADGE INFORMATION:

Complete the information below, abbreviating as needed. Write clearly and please do not exceed the maximum characters.

First Name _____
(15 characters)

Last Name _____
(15 characters)

Title _____
(40 characters)

Institution/Organization _____
(25 characters)

City _____ State _____
(25 characters)

Twitter Handle _____

If you have a physical or communication need that may affect your participation in conference activities, please contact Conference Services at the email given below. We cannot ensure the availability of appropriate accommodations without prior notification of need.

☐ I have a special physical or communications need and will contact confaccess@ala.org to discuss accommodations no later than May 24, 2019.

ORGANIZATIONAL MEMBERS:

Employees of ALA Organizational Members will get a special discounted rate off the non-member rate if they register together. This attractive rate: (Early Bird–$375, Early Advance–$400) is available if four or more employees register at the same time. Purchase orders, checks or credit cards will be accepted. For more information contact ahamann@ala.org.

INSTRUCTIONS

Pages 1 and 2 must be completed and returned with payment (US funds) or credit card information.

THREE WAYS TO EARLY ADVANCE REGISTER

By mail: Send form and payment to:
ALA Registration Department
c/o CompuSystems
2651 Warrenville Rd, Suite 400
Downers Grove, IL 60515

Make checks to: American Library Association

By fax: If you pay with a credit card you may fax your completed registration form 24 hours a day to 708-344-4444. Note: Do not mail form if previously faxed. Send fax only once.

Online: Access the ALA 2019 Annual Conference homepage at www.alaannual.org and select "Registration." Non-members and former members are invited to join ALA at www.ala.org/membership prior to registering for maximum savings.

Cancellation policy: Written requests for refunds must be postmarked by May 24, 2019. Cancellation of registration will result in a handling fee of $25 for each item cancelled. No phone cancellations. No refunds after May 24, 2019. No refunds given for "Exhibits Only", badges. Refunds will be processed after the Annual Conference.

PLEASE COMPLETE THE SURVEY BELOW

01 Principal Product Interest

01 Book, Periodicals, Documents
02 Library Automation
03 Equipment, Furniture, Shelving
04 A/V Equipment/Materials
05 Services
06 Other Products and Services

02 Purchasing Decision-Making role

01 Final	04 No Role
02 Specify	05 Don't Know
03 Recommend	

03 Purchasing Plans Next 12 Mos.

01 $0-49,999	05 $500-999,999
02 $50-99,999	06 $1 million +
03 $100-249,999	07 Don't Know
04 $250-499,999	

04 Operating Expenditures

01 $0-499,999	04 $2 mil-4,999,999
02 $500-999,999	05 $5 mil +
03 $1 mil-1,999,999	06 Don't Know

05 Please select any of the following that DESCRIBE you:

01 Blogger	04 Librarian
(Topic:_____)	05 Library Staff
02 Educator	06 Other Allied Professional:
03 Bookseller	_____

2019 ALA ANNUAL CONFERENCE & EXHIBITION

ALA ANNUAL CONFERENCE & EXHIBITION
JUNE 20–25, 2019
WASHINGTON, D.C.

Name _____

Member Number _____

1. ANNUAL CONFERENCE REGISTRATION: Please check off your selection and insert the appropriate fee in "Amount Enclosed."

REGISTRATION TYPE	EARLY BIRD BY NOON 3/6	EARLY ADVANCE BY NOON 5/1	ADVANCE BY NOON 6/14	AMOUNT ENCLOSED
ALA Personal Member* *(ALA and Division Members)*	☐ $320	☐ $335	☐ $365	$
ALA Other Member* *(Retired, Student, Trustee, Non-Salaried, and Support Staff)*	☐ $170	☐ $195	☐ $210	$
Non-Member *Nonmembers and former members are invited to join ALA at www.ala.org/membership prior to registering for maximum savings.*	☐ $415	☐ $440	☐ $480	$
Exhibits Only Badge *(Includes access only to the exhibits on Saturday, Sunday and Monday only)*	☐ $75	☐ $75	☐ $75	$
One Day Member*	☐ $215 *Select day:* FRI SAT SUN MON			$
One Day Other Member*	☐ $150 *Select day:* FRI SAT SUN MON			$
One Day Non-Member	☐ $225 *Select day:* FRI SAT SUN MON			$

*must show proof of ALA membership

TOTAL FROM SECTION 1: $ _____

2. PRECONFERENCES AND SPECIAL EVENTS: Include the event code found online, the price of your event and the number of tickets you wish to purchase, then put the final amount in the "Amount Enclosed" column. Add up all your events and put that amount in the "Total from Section 2" column. Please print clearly.

EVENT CODE	PRICE PER TICKET	# OF TICKETS	AMOUNT ENCLOSED
	$		$
	$		$
	$		$
	$		$

TOTAL FROM SECTION 2: $ _____

ADD THE TOTAL FROM SECTIONS 1 AND 2 ABOVE, AND ENTER HERE: | **TOTAL AMOUNT ENCLOSED:**

PAYMENT INFORMATION: Check the type of payment enclosed:

☐ *Check* ☐ *Visa* ☐ *Mastercard* ☐ *American Express*

Your payment indicates that you agree to the terms to the right.

_____
Credit Card Number

Expiration Date
(Must be 6/19 or after)

_____
Cardholder Signature

PLEASE NOTE

Cancellation Policy: Written requests for refunds must be postmarked by May 24, 2019. Cancellation of registration will result in a handling fee of $25 for each item cancelled. No phone cancellations. No refunds after May 24, 2019, no exceptions. No refunds given for "Exhibits Only" badges. Refunds will be processed after the Annual Conference.

Photos/Video: Attendance at this event constitutes permission for your photograph or video to be taken at the event and used for ALA purposes.

2019 HOUSING REQUEST FORM

DEADLINE FOR SUBMISSION: MAY 22, 2019

Annual Registration ID: _____

INSTRUCTIONS: (You must be registered for the Conference to register for housing.)

Please complete this form in its entirety to insure speedy processing. All hotels require a one night + tax credit card guarantee to hold your room. Reservations are not guaranteed until onPeak has a credit card on file. DO NOT SEND DUPLICATE FORMS—If sharing room(s) designate one person to send request. Be sure to include your e-mail address. Reservations can also be made or changed by visiting onpeak.com/ala or by calling 800-584-9047.

CONFIRMATION WILL BE SENT TO:

Last name of person requesting rooms and confirmation _____ First Name _____

Name of Company or Firm _____

Street Address or P.O. Box number _____

City _____ State _____ Postal Code _____

Country _____ Phone _____ Fax _____

Email *(please print clearly to receive electronic confirmation)* _____

Arrival day/date _____ Departure day/date _____

OCCUPANT(S)

Please do not duplicate. If sharing a room, designate one person to complete form.
Print last name first.

1 _____ 2 _____
3 _____ 4 _____

HOTEL CHOICES

Please print name and number of hotel as listed on Hotel Locator Map.

1 _____ 2 _____
3 _____ 4 _____
5 _____ 6 _____

☐ **Smoking Room Requested.** *(All rooms are considered non-smoking rooms unless otherwise requested. Please check to ensure the hotels you have requested have smoking rooms available if selecting this option.)*

ROOM PREFERENCE

Bedding requests are based on availability. Every effort will be made to accommodate requests.

☐ Single (one person/one bed)
☐ Double (two people/one bed)
☐ Double/double (two people, two beds)
☐ Triple (three people/1-2 beds)
☐ Quad (four people/two beds)
☐ Requires ADA accessible room
  ☐ Mobility
  ☐ Hearing impaired
  ☐ Visually impaired

IMPORTANT NOTES

- Rooms are assigned on a "first come/first served" basis and room availability for your arrival/departure.
- Failure to check into your hotel on the scheduled date of your arrival will result in the cancellation of your reservation and a charge equal to one night's room and tax to the credit card used to guarantee your reservation.
- All changes and/or cancellations prior to June 13 must be made through onPeak, ALA's official housing provider.
- Reservations are not guaranteed until onPeak has a credit card on file.

MAIL PAGE 3 FORM TO:
onPeak LLC
Attn: ALA Annual 2019
350 North Clark Street, Suite 200
Chicago, IL 60654

EMAIL FORM TO:
ala@onpeak.com

CREDIT CARD GUARANTEE—FIRST NIGHT+TAX

Please guarantee my reservation to *(check one)*:   ☐ *Check (credit card included below for room guarantee only)*   ☐ *Visa*   ☐ *Mastercard*   ☐ *American Express*

_____
Credit Card Number

_____
Expiration Date *(Must be 6/19 or after)*

_____
Cardholder Signature

_____
Date

Please make checks payable to onPeak.

2019 ALA Annual Conference & Exhibition
ALA MEMBER LIBRARY GROUP RATE
Registration & Housing Form

ALA ANNUAL
CONFERENCE & EXHIBITION
JUNE 20–25, 2019
WASHINGTON, D.C.

CONFERENCE REGISTRATION FEES FOR GROUPS OF 4 OR MORE

Four or more employees of ALA organizational members will get a discounted rate of Early Bird–$375 and Early Advance–$400.
Please fill out ONE of this page and as many as needed of page 1 and 3.

RATES:

Exclusive pricing for ALA Member Libraries and Non-Profits:

ALA Member ID - Library or Non Profit _____

EARLY BIRD BY NOON 3/6	EARLY ADVANCE BY NOON 5/1
$375	$400

Group Rate of _____ **x** Number of Individuals _____ **=** Total Fees for Full Registration $ _____

GROUP REGISTRANT INFORMATION:

All mailings concerning the Annual Conference will be sent to the address provided below:

ALA Member ID–Library or Non-Profit _____

Organization Name _____

Address _____

City _____

State/Province _____ Postal Code _____ Country _____

Primary Contact for this Group Registration _____

Daytime Phone _____ Fax _____ Email _____

PAYMENT INFORMATION:

Please add up the Total Full Registrations, above, plus any ticketed events purchased for group rate registrants (from any attached copies of Page 3).

TOTAL FULL REGISTRATIONS: $ _____

TOTAL TICKETED EVENTS: $ _____

GRAND TOTAL DUE: $ _____

☐ **BY INSTITUTIONAL CHECK OR PURCHASE ORDER**

☐ *Our Institutional check made out to "American Library Association" is enclosed*

☐ *Our Institutional Purchase Order is Enclosed*

☐ **BY CREDIT CARD**

Check the type of payment enclosed: ☐ *Visa* ☐ *Mastercard* ☐ *American Express*

I*f paying by credit card, signature indicates that you agree to the terms of the cancellation policy (page 2).*

Credit Card Number

Expiration Date
(Must be 6/19 or after)

Cardholder Signature   Date

COMPUSYSTEMS CUSTOMER SERVICE:
855-326-8344 | alaregistration@compusystems.com