

ACRL/NY 2005 Symposium Registration

Name _____

Library/Organization _____

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Registration fees, please check one:

\$70 ACRL/NY 2005 member (new and returning members pay this rate)

\$80 Non-member

\$30 Library school student or retiree

Contact me about serving on next year's Symposium Committee

I would like to contribute \$_____ to the ACRL/NY Distinguished Service Memorial Award Fund

Make checks payable to ACRL/NY & mail with this form to:

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