

Education Programme Registration

Please type or print clearly

Workshop Title: _____

Participant Name: _____

Institutional Affiliation (if any): _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

ASA Member? Yes No

Related Experience (Please note previous archival education of working experience) *

Expectations (Please indicate what you expect to learn from this workshop / seminar / Institute) *

Other Information * _____

*Please use the reverse of form as necessary

By signing and submitting this registration form, I acknowledge that:

1. I have read and understand the Archives Society of Alberta's Registration and Attendance Policy; and
2. I intend to attend, participate and complete all sessions and exercises of the Institute, seminar or workshop unless my lack of attendance, participation or completion is covered by provisions in the aforementioned policy.

Signature of Applicant: _____ Date: _____

Payment Enclosed: \$ _____ (Payable to Archives Society of Alberta)

Please check one: Cheque Money Order Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Card Holder Name (please print): _____ Signature: _____

**Please send/fax completed form and payment to:
The Archives Society of Alberta
P.O. Box 4067, South Edmonton Post Office
Edmonton, AB T6E 4S8
(780) 425-1679**