



Education Programme Registration

Please type or print clearly

Name: _____

Institutional Affiliation (if any): _____

Mailing Address: _____

Phone number: _____ E-mail: _____

ASA member? ☐ Yes ☐ No

Related experience (Please note previous archival education or working experience) *

Institutional profile (If applicable, briefly describe your institution, its mandate, and its holdings) *

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 Education Programme 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: _____

Make cheque or money order payable to the Archives Society of Alberta.

Please submit payment and completed registration form to:

Archives Society of Alberta
c/o Administrative Coordinator
PO Box 4067, South Edmonton Post Office
Edmonton, AB T6E 4S8