

EBLIP4 Registration Form

Register today! One form per person. Please print your name and organization as it should appear on your badge.

Type of Registration: Regular Student (Name of School _____)

Name: _____

Title: _____

Organization or University: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Emergency Contact Name & Phone (optional) _____

Please Specify Any Special Needs (veg meals, etc.): _____

Registration Fees

Registration fees include all conference sessions and scheduled meal functions, **with the exception of special events and post-conference workshops listed below**. *Students may pay the reduced fees indicated in parentheses.*

\$ _____ \$360 (\$180) Full Registration May 7,8,9 (before 04/09/07)

\$ _____ \$130 (\$90) Single Day: Monday May 7

\$ _____ \$130 (\$90) Single Day: Tuesday May 8

\$ _____ \$130 (\$90) Single Day: Wednesday May 9

\$ _____ \$40 Late Fee (**REQUIRED after April 9, 2007**)

Optional Event Tickets

Note: You may purchase tickets for yourself **and** companion(s).

\$ _____ May 8 Afternoon Bus tour: _____ tickets @ \$15 ea
Choose Destination: UNC Duke Southpoint Mall

\$ _____ May 8 Evening BBQ Reception: _____ tickets @ \$30 ea

Post-Conference Workshop Fees

Post-conference workshops are optional, and are **in addition** to the regular registration fees listed above. Visit the website for descriptions. Lunch is provided for **full-day** workshops only.

\$ _____ 2-day Workshop, May 10 & 11, 9am-4:30pm (\$200)
Implementing EBLIP: Moving to Mainstream

\$ _____ 1-day Workshop, May 11, 9am-4:30pm (\$120)
Performance Measurement in Academic Libraries

\$ _____ 1/2-day Workshop, May 10, 9am-12pm (\$60)
How to Assess the Evidence: A Critical Appraisal Tool for Library and Information Research

\$ _____ 1/2-day Workshop, May 10, 1:30pm-4:30pm (\$60)
Meta-analysis: Searching, Evaluating, and Synthesizing the Research Evidence

\$ _____ **TOTAL Amount Enclosed**

Method of Payment

Choose one:

Credit Card (**MC/Visa only**)

Check (payable to EBLIP4)

If Credit Card, indicate card type:

Visa

MasterCard

Credit Card Number:

Expiration Date:

Name on Card:

Signature:

IMPORTANT:

- 1. This registration form must be accompanied by check or credit card information.**
- 2. If you do not receive confirmation of your registration from us by email, please contact us.**
- 3. Make your hotel reservations as soon as possible - the website has a link to online reservations.**

Send registrations to:
EBLIP4 Conference
c/o UNC Institute on Aging
720 Martin Luther King Jr. Blvd, CB #1030
Chapel Hill, NC 27599-1030
(919)966-9444 phone
(919) 966-8840 fax
www.eblip4.unc.edu

Send in your registration by April 9, 2007!