

## Education Program 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: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Please send/fax completed form and payment to:**

**Archives Society of Alberta  
407-10408 124 St NW  
Edmonton, AB T5N 1R5**

**Tel: (780) 424-2697 Fax: (780) 425-1679**

All personal information collected on this form is used for the administration of the ASA Education Program and will not be used for any other purpose.