



P.O. Box 658
Lunenburg, MA 01462
Tel./Fax: 978-582-6967
www.maschoollibraries.org
Visit MSLA website for current conference information

2010-2011 MSLA Membership Form

Fill in **BOTH** the MSLA Membership and Conference Registration forms if you are attending the conference.
Conference registration includes MSLA dues.

Email: _____
 First Name: _____
 Last Name: _____
 Job Title or Other Status (e.g. Student, Retired): _____
 School/Business: _____
 Work Address: _____
 Work City: _____
 Work State: _____ Work Zip: _____
 Work Phone: _____ Work Fax: _____
 Library or Personal Website/Blog: http:// _____
 Home Address: _____
 Home City: _____ State: _____ Zip: _____
 Home or Cell Phone: _____

Preferred mailing address Work Home

Please do not provide my contact information to MSLA Conference Exhibitors

Position Type Full Time Part Time
 School Type Public Independent (Private, Parochial)
 Grade Level Elementary High School College
 Middle District Level
 Library Region Boston Metrowest Southeast
 Central Northeast West

For 2010-11 MSLA will continue to align its membership with the former Massachusetts Library Regions. Please select the region in which your school (college, home, or organization if you do not work in a school) is located.

Membership Info

ALA NESLA MassCUE AFT MA
 AASL MLA MTA

MSLA Membership Types & Fees (Membership dues are included in the cost of conference registration)

Professional - \$40.00 Vendor - \$40.00
 Other (such as library support staff, student*, retired, unemployed) - \$20.00

*If you are a student in a graduate degree program while working full-time as a professional in a school library, please register as a Professional.

Do you want to be listed by MSLA as a Resource Person willing to share your expertise? Yes No

List area of expertise _____

First time member referred by _____

- Includes Membership through Nov. 1, 2011
- A check or school purchase order **MUST** accompany this form. Please make check payable to MSLA.
- MSLA dues are not refundable.
- Return this completed form to:
 MSLA Director
 P.O. Box 658
 Lunenburg, MA 01462
 Email: klowe@maschoollibraries.org
 Tel/Fax: 978-582-6967

★ NESLA Special Rate for MSLA Members!

Join the New England School Library Association for \$20 (a savings of \$10) Please send a **SEPARATE** check payable to NESLA, to:

Merlyn Miller
 Burr and Burton Academy
 57 Seminary Avenue
 Manchester, VT 05254

For more information visit the NESLA webpage: www.neschoollibraries.org

For MSLA Office Use Only:

Check: _____
 School PO# _____
 Amount: _____
 Date Paid: _____



2010 CONFERENCE Registration Form

October 3 & 4, 2010

Fill in **BOTH** the MSLA Membership and Conference Registration forms if you are attending the conference.
Conference registration includes MSLA dues.

Register by September 1 and get 25% off your MSLA dues

Registration includes MEMBERSHIP DUES

Name: _____

NOTE TO STUDENTS: If you are a student in a graduate degree program while working full-time as a professional in a school library, please register as a Professional.

PROFESSIONAL	1 - DAY	2 - DAYS
	<input type="checkbox"/> Sunday or <input type="checkbox"/> Monday <i>please select day</i>	
Early Bird Registration (before Sept. 1)	<input type="checkbox"/> \$130	<input type="checkbox"/> \$180
Regular Registration	<input type="checkbox"/> \$140	<input type="checkbox"/> \$190
Walk in Registration (register day of the conference)	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240
OTHER (such as library support staff, student, retired, unemployed)	1 - DAY	2 - DAYS
	<input type="checkbox"/> Sunday or <input type="checkbox"/> Monday <i>please select day</i>	
Early Bird Registration (before Sept. 1)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$140
Regular Registration	<input type="checkbox"/> \$95	<input type="checkbox"/> \$145
Walk in Registration (register day of the conference)	<input type="checkbox"/> \$145	<input type="checkbox"/> \$195

~ When registering prior to the conference you will receive confirmation by email that your registration is complete ~

SUNDAY LUNCH options - please select one

- Vegetable Napoleon atop Barley Pilaf with a Balsamic drizzle **OR**
 Chicken Stuffed with Apples & Cranberries

SUNDAY AWARDS DINNER - Sunday, October 3

Dinner Buffet - Minestrone Soup, Rustic Italian Antipasto, Roast Sirloin with a Madeira Demi Glaze & Confetti Vegetables, Farfalle (butterfly pasta) in a Vodka Cream Sauce with Fresh Parmesan, Italian Squash Medley, Garlic Breadsticks and Focaccia, Assorted Italian Pastries & Cookies, Coffee & Tea \$30.00

MONDAY BOXED LUNCH options - please select one

- Turkey & Cheese on a Bulkie Roll **OR** Vegetable Wrap (included with both - Whole Fruit, Chips, Cookie & Drink)

EXHIBITS, PRESIDENT'S RECEPTION & DINNER - Sunday, October 3 (for guests of conference attendees & award winners)

of guests _____ x \$40.00 = _____

Refund policy for cancellation of conference registration:

No refunds will be made if registration is cancelled within 5 days of the conference.

TOTAL ENCLOSED \$ _____ **SCHOOL P.O. # (if applicable)** _____