

Webinar Registration Form

Please refer to the appropriate MALSCE webinar flyer or online posting for the Webinar and Registration Information that is required to complete this form.

Webinar Information

Webinar Name: _____

Webinar Date: _____

Registrant Information

Name: _____ Day Phone: _____

Organization (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Are you a member of MALSCE?* Yes No

Are you a member of an affiliated association? Yes No

* Members of, CALS, MSLS, NHLSA, NYSAPLS, RISPLS and VSLS can attend for the member rate.

If yes, please indicate association membership CALS MSLS NHLSA
 NYSAPLS RISPLS VSLS

Registration Fee(s)

Registration Types (Indicate the total number and type of registrants by writing the appropriate number in each registrant type):

MALSCE Member Affiliated Association Member Nonmember

Number of Registrants: _____ Registration Fee: _____

Payment Method

Credit Card:

Please bill my (Check one): Visa MasterCard American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: _____

Signature: _____

Check:

When paying by check, please make checks payable to "MALSCE" and mail with your completed MALSCE Webinar Registration Form to: MALSCE, One Walnut Street, Boston, MA 02108-3616

Please provide the information required on page 2 of this form when registering two or more individuals for a MALSCE Webinar. Please print and complete multiple copies of page 2 if needed.

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