REGISTRATION FORM

Western Association of Map Libraries
Fall Conference
November 6-9, 2002

Feel free to copy this form for additional registrations
Please print or type.

Name: __________________________________________________________

Last      First

WAML member:  ______Yes   ______ No

Affiliation:________________________________________________________

Mailing Address: _________________________________________________
_________________________________________________________________
City    State    Zip code

Phone:  _______________________  _______________________
        business      fax

Email address: ______________________________________________

Registration fees:  see Registration Fees sheet (over)

Form of payment:

__  Check made payable to the University of Hawaii

__ Purchase order.  P.O #____________________________

Authorized signature ________________________

__ I hereby authorize University of Hawai‘i the use of my credit card account:

__ VISA  ___ MasterCard  Expir. date (Mo/Yr) ___

Credit Card No._______________________________________

Signature ___________________________________________

Send registration form and payment to: UH Conference Center
2530 Dole St., Sakamaki, C404
Honolulu, HI 96822
808.956.8204 [phone]; 808.956.3364 [fax]

UHCC I.D. #C05576

************************************************************************

Accessibility assistance:   See general information