



Association for Library and Information Science Education

312-795-0996, 312-419-8950 Fax

contact@alise.org, www.alise.org

Cooperative Reunion Participation Form

Due: April 30, 2012

2012 Cooperative Library and Information Science School/Program Alumni Reunion

Sunday, June 24, 2012, 5:30 p.m. – 7:30 p.m.

Location to be announced later on ALISE.org

College or University: _____

School/Program: _____

Contact Name & Title: _____

Contact E-mail: _____

Street Address: _____ City: _____

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

Phone: _____ Fax: _____

School/program share of arrangements for the 2012 Cooperative Library and Information Science School/Program Alumni Reunion: \$375 per table.

Please indicate the number and type of tables needed:

of tables: _____

Type of Table(s):

☐ Banquet Round Table

☐ Highboy Cocktail Table

Return completed form and check or credit card to:

ALISE, 39349 Treasury Center, Chicago, IL 60694-9300

Tel: 312-795-0996 Fax: 312-419-8950 E-mail: contact@alise.org URL: www.alise.org

Note: ALISE Federal ID number: 51-0193882

☐ Pay by check (in U.S. currency, payable to ALISE)

Amount enclosed: \$ _____

☐ Pay by credit card:

☐ Visa

☐ MasterCard

☐ American Express

Card Number: _____ Expiration date: _____

Name of Cardholder (please print): _____

Signature of Cardholder: _____

Total amount to be charged: \$ _____