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: $_____________