



# American Association of Law Libraries

**PROGRAM: Copyright 101 for Private Law Libraries**

**EARLY REGISTRATION DEADLINE:** Monday, March 19, 2007

**REGISTRATION FEE & PAYMENT:** The early registration fee is **\$150.00** before **March 19**. The late registration fee is **\$165.00** thereafter. The deadline to receive all payments is March 26, 2007. This fee includes program materials, continental breakfast and lunch. Please send registration form along with registration payment. Registrations received without payment will **NOT** be processed until payment is received.

**REFUND & CANCELLATION POLICY:** All requests for refunds must be postmarked by **March 26, 2007**. Refunds and cancellations will be subject to a 25% cancellation fee. All requests for refunds must be in writing. Refunds will be issued after the conclusion of the meeting. **This policy applies to all forms of payment.**

AALL reserves the right to cancel programs due to low registration or for other reasons. AALL is not responsible for cancellation charges assessed by airlines or travel agencies, or other losses incurred due to cancellation of programs.

**NO WAIT-LISTS:** All registrations will be processed in the order that they are received with payment. Once a program is fully subscribed, registration will be closed for that program.

**SUBSTITUTIONS:** Institutions that have remitted payment of the required fee are permitted to substitute a replacement attendee from the same institution in place of the original registrant at any time.

**SPONSORS:** This continuing professional education opportunity is brought to you by the American Association of Law Libraries. For additional information, please contact Celeste R. Smith, AALL Education Manager, at 312-939-4764 x24 or [csmith@aall.org](mailto:csmith@aall.org).

Please make checks payable to American Association of Law Libraries and send to the address below.

## CONTINUING PROFESSIONAL EDUCATION PROGRAM REGISTRATION

Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT INFORMATION

Check Enclosed      Cardholder Name (please print): \_\_\_\_\_  
 VISA                      Card Number: \_\_\_\_\_  
 Mastercard              Expiration Date: \_\_\_\_ -- \_\_\_\_  
 American Express

## MEAL PREFERENCE

Regular       Vegetarian       Other (Specify other: \_\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attn: AALL Continuing Professional Education  
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