Dear Professional Poster Participant:

Thank you for your willingness to share your expertise with attendees of ARCHIVES*RECORDS: Ensuring Access, the Joint Annual Meeting of CoSA, NAGARA, and SAA! To confirm your participation in the August 10 - 16, 2014, conference in Washington, DC, please verify your name and institution below, read and initial items 1-4, and return this form via email to conference@archivists.org (or via fax to 312-606-0728) no later than Friday, April 11, 2014.

Full Name:

Institution:

*Institution name is listed as it will appear in program. (Titles / departments not included.)

Poster Title:

- 1. I understand that I have agreed to participate in ARCHIVES*RECORDS: Ensuring Access as a professional poster presenter. Because of my participation, my name and institutional affiliation will appear in all online and print promotional and onsite materials.

 (Your initials)
- 2. **REGISTRATION:** I understand that I am required to pay for my registration (for one day or for the full meeting) unless I qualify for complimentary registration. Students are not eligible for complimentary registration. I qualify for complimentary registration if I meet the following criteria:
- I am an archivist who resides outside of the United States or Canada. $\ensuremath{\mathsf{OR}}$
- My current employment does not involve performing, teaching, or managing any aspect of the archival function. (Unfortunately, CoSA, NAGARA, and SAA are not able to provide complimentary registration to those who are unemployed or underemployed.)

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	(Your	init	cials)											

3. **INTERNET:** I understand that standard wireless internet is offered in the meeting space, that video streaming and high bandwidth operations are not guaranteed through this service, and that a wired internet connection will not be available. I

understand that in order to keep registration fees down, the
conference organizers do not provide laptops or personal
computers, and that I must bring my own if my presentation
requires this.
(Your initials)
4. CHANGES: I understand that any changes affecting my
participation in the conference must be communicated to the
Conference Office as soon as possible.

_____ (Your initials)