



CELEBRATE 90 YEARS WITH US AT ARCHIVES*RECORDS 2026

Society of American Archivists 90th Annual Meeting & Expo



One registrant per form. Please print clearly.

Name _____

Institution Name _____

Mailing Address _____

Cell Phone _____

Email Address _____

<p>Are you an SAA Member? ___ Yes ___ No</p> <p>Is your employer an SAA Institutional Member? ___ Yes ___ No</p> <p>Will you be attending In-person _____ or Virtually _____?</p> <p>Does your institution cover the costs for you to attend the Annual Meeting? ___ Yes fully ___ Yes partially ___ No</p>	<p><input type="checkbox"/> Check here if you require any accommodations to fully participate in this event. The conference staff will contact you.</p> <p><input type="checkbox"/> Check here if you have any dietary restrictions. The conference staff will contact you.</p>
<p>Emergency Contact: (Required for In-Person) <i>SAA staff will not be able to process your registration without this information.</i></p> <p>Contact Name: _____</p> <p>Cell Phone: _____</p>	

All Access Registration (Includes In-Person and Virtual Access)

	SAA Member	Employee of SAA Member Institution	Nonmember
Early-Bird (by June 1)	<input type="checkbox"/> \$509	<input type="checkbox"/> \$679	<input type="checkbox"/> \$925
Advance (by June 24)	<input type="checkbox"/> \$609	<input type="checkbox"/> \$739	<input type="checkbox"/> \$990
Regular (after June 24)	<input type="checkbox"/> \$689	<input type="checkbox"/> \$859	<input type="checkbox"/> \$1,140
SAA Student Member	<input type="checkbox"/> \$319	N/A	N/A
Guest*	<input type="checkbox"/> \$319	<input type="checkbox"/> \$339	<input type="checkbox"/> \$420
Guest Exhibit Hall Pass	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139	<input type="checkbox"/> \$165

SAA Student Rate: SAA Individual Full members are not eligible for the SAA [Student member](#) rate.

Cancellations and Refunds: If you need to cancel your registration, written requests to servicecenter@archivists.org must be received by June 1, 2026, to qualify for a full refund. A \$169 administrative fee will be applied to cancellations made between June 1 and June 24, 2026. No refunds will be processed after June 24, 2026.

***Guest Registration:** Guests (spouses and children of conference attendees) may purchase a pass to attend Plenary Sessions and the Exhibit Hall.

Name of Guest: _____

Check # _____ Checks [in US Funds] must include name(s) of registrant(s).

VISA MasterCard American Express Discover _____ Total

Credit Card Number

Expiration Date

CVV (Security Code)

NAME ON CARD (Please Print)

TELEPHONE NUMBER (If name on card differs from attendee)

CARDHOLDER'S SIGNATURE

I understand that by registering for this conference, I agree to abide by [SAA's Code of Conduct](#), and give permission to be photographed and have my photo used in conference promotional materials. All registrations must be accompanied by payment, and all payments must be made in U.S. funds. The conference office accepts checks and major credit cards. Please make checks payable to **SAA**. Do not send cash. Fax your completed registration form, with credit card information, to 312-606-0728, Attn: ARCHIVES * RECORDS 2065 Registration. **Do not fax your registration if you are paying by check.**

If you must register by mail, please allow sufficient time for processing, and mail your registration form and check to SAA at:

Society of American Archivists
17 North State Street, Suite 1425
Chicago, IL 60602-4061

Questions? Contact the SAA Conference Office at conference@archivists.org or 312-606-0722, ext. 0.

Please do not submit registration via more than one method.