CHAPTER LEADERSHIP INSTITUTE **REGISTRATION FORM**

July 25 – 27, 2019

Hyatt Regency Louisville Louisville, Kentucky



CONTACT INFORMATION

Name	Title	Firm/Company		Member I
Address	City	State/Province	Zip/Postal Code	Country
Chapter	Officer Position (as of	July 2019)		Nickname for Badge
Phone	Email			
Emergency Contact Name		Emergency Contact P	Phone	
This will be my first Chapter Lead	dership Institute.	Yes	No	
Please indicate dietary restriction	s and/or special needs:			
SELECT REGISTRATION (All fees are in U.S. dollars.	OPTION		ı	FEES:
🔲 I am a 2019-20 Internatio	onal Director or Chapter Resourc	e Team Member		NO FEE
I am registering as a chapter representative				\$499
GUEST OPTIONS (OPTIO All fees are in U.S. dollars. No fee for	NAL) r CLI participants. The purchase of gu	est registration is restricted to gues	Institue Fee \$ ts of registrants only.	# OF GUESTS
Thursday Welcome Reception Friday Networking Reception Guest's full name				
Guest's nickname (for badge)				
. 3,			Guest(s) Fee \$_	
Pre-approved Funding A Indicate the amount to be applied to	Assistance ward registration fees.			Amount
■ I am a Susan French Eme	rging Leader Fellowship Progr	am recipient		\$
☐ I am receiving funding as	sistance from ALA HQ (ALA St	aff will contact with addition	nal details)	\$
Foundation of the Assoc	•			
The Foundation of ALA is the contribution to the Foundation		your contribution.	uwould like to make dation Contribution \$	
TOTAL AMOUNT ENCLO	OSED:		\$	

METHOD OF PAYMENT

Check enclosed (payable to Association of Legal Administrators)

REGISTRATION DEADLINE: July 12, 2019

PAY BY CHECK (U.S. Funds)

ALA

P.O. Box 95583 Chicago, IL 60694-5583

POLICIES

By submitting this you agree that you have read and will comply with all ALA's policies as stated on ALA's registration site at *alanet.org/cli19reg*.

QUESTIONS? Contact ALA Conference Registration at 847.267.1252 or *registration@alanet.org.*