SYMPOSIUM REGISTRATION FORM

CONTACT DETAILS:

NAME: _________________________________________________________________________________

ADDRESS: _______________________________________________________________________________

CITY: ________________ STATE: ____________ POSTAL CODE: __________ COUNTRY: ______________

TELEPHONE: _______________________________ FAX: _________________________________________

EMAIL: _________________________________________________________________________________

ACCOMPANYING PERSON (IF APPLICABLE):

NAME OF GUEST(S): ________________________________________________________________________

PREFERRED NAME ON BADGE(S):

NAME: ____________________________________/____________________________________________

SPECIAL NEEDS (ACCESSIBILITY, ETC.):

_______________________________________________________________________________________

MEAL PREFERENCE (IF ACCOMPANIED BY GUEST(S) INDICATE NUMBER NEEDED AFTER THE BOX):

Meat _____   Vegetarian _____

_______________________________________________________________________________________

Registration Fee: $100.00 per person     Total enclosed:

PAYMENT

PLEASE COMPLETE THIS FORM AND MAIL IT WITH YOUR CHECK (DRAWN ON A U.S. BANK), PAYABLE TO HARVARD COLLEGE LIBRARY, BY JULY 31, 2009 TO: PETER X. ACCARDO, HOUGHTON LIBRARY, HARVARD UNIVERSITY, CAMBRIDGE, MA 02138

Registration fee includes all symposium events and one dinner. REGISTRATION IS LIMITED.

No refunds will be given after August 1, 2009. For further information, please visit the website:
www.hcl.harvard.edu/libraries/houghton/conference_johnson.html or contact PETER X. ACCARDO at 617-496-4027 or ACCARDO@FAS.HARVARD.EDU.