



Class Registration Form

PLEASE CHECK ONE

- LYRASIS Member (All Florida public libraries are members.)
 Non LYRASIS Member

REGISTRANT INFORMATION

Name: _____ Title: _____
Institution: _____ OCLC Symbol: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Do you require ADA accommodations? Yes No
Class Name: _____ Class Date: _____
Class Location: _____ Class Fee: _____
Promo Code: **SLF14-15**

METHOD OF PAYMENT

- State Library of Florida, Division of Library & Information Services Deposit Account

EMAIL REGISTRATION FORM TO: ContinuingEducationBLD@DOS.MyFlorida.com

The Division must receive the registration form at least three (3) weeks prior to the class date. If by one week prior to the class date you haven't received a confirmation letter from LYRASIS, please call LYRASIS at 800.999.8558, ext. 4896 or 4826.

For more information, contact Dorothy Frank at 850.245.6631 or Dorothy.Frank@DOS.MyFlorida.com.