

NorthNet Library System

Workshop Registration Notification

I have registered my library for the following workshop:

Workshop Title: _____

Workshop Date: _____ Workshop Location: _____

Workshop Provider/Company: _____

Participant Name: _____

Registration Fee: \$ _____

NLS PAYMENT

I _____ am requesting that NorthNet Library System pay the
(Director Name)

above workshop registration fee for _____ Library.
(Library Name)

Library Director Signature

Date

ALL FUNDS MUST BE USED BY MAY 31, 2010

NLS OFFICE USE ONLY:

Expenditure Code

Approved: _____ Date: _____
System Executive Director

Within one month of registering for the workshop,
please send this form
to:

Kelli Logasa
NorthNet Library System
55 E Street Santa Rosa, CA 95405
Ph: (707) 544- 0142 x102 FAX: (707) 544-8411
nbclsadm@sonic.net