



Class Registration Form

PLEASE CHECK ALL BOXES THAT APPLY

- LYRASIS Member (all Florida *public* libraries are members)
- LYRASIS NON-Member

REGISTRANT INFORMATION

Name: _____ Title: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Do you require ADA accommodations? Yes No
Class Name: _____ Class Date: _____
Class Location: Online with LYRASIS Class Fee: _____
Promo Code: **SLF22-23**

METHOD OF PAYMENT

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

EMAIL REGISTRATION FORM TO: ContinuingEducationBLD@dos.myflorida.com

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

For more information, contact Dorothy Frank at 250.245.6631 or Dorothy.Frank@dos.myflorida.com.