**Registration Form**: *Please provide the information below so that we know how to contact you and so we can better understand the institutional contexts of those participating in Shaping Outcomes.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | | | | | | |
| Position/Title: | | | |  | | | | | | | | | | | | | | | | |
| Museum or Library Name: | | | | | |  | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | |
| City, State, ZIP: | | | | |  | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | |
| Date of preferred course offering- First choice: | | | | | | | |  | | | | Second choice: | | | | |  | | | |
| Please indicate the nature of your institution – Library: | | | | | | | | | | Academic  School  Non-Gov’t Institution | | | | Public  State  Support Org. | | | | Special  University Instruction | | |
|  | | | | | | |  | | | Other: |  | | | | | | | | | |
|  | | | | | | | Museum: | | | General | | | | | | Natural History/Natural Science | | | | |
|  | | | | | | |  | | | Science & Technology | | | | | | History | | | | |
|  | | | | | | | | | | Support Org. | | | | | |  | | | | |
|  | | | | | | | | | | Other: |  | | | | | | | | | |
| How did you hear about Shaping Outcomes? | | | | | | | | | Institute of Museum and Library Services (IMLS) | | | | | | IU School of Library and Information Science (SLIS) | | | | | |
|  | | | | | | | | | Newsletter or Magazine Ad | | | | | | Website Ad | | | | | |
|  | | | | | | | | | Colleague Other: | | | |  | | | | | | | |
| 1. Do you currently have, or are you planning to apply for, a grant from the Institute of Museum and Library Services? | | | | | | | | | | | | | | | | | | | \_\_\_ Yes \_\_\_ No | |
| Shaping Outcomes can be completed by individuals or teams from within an organization. There is no extra cost for institutional teams, as long as the registered participant is the one in communication with the instructor. | | | | | | | | | | | | | | | | | | | | |
| 2. Are any colleagues from your institution going to participate in Shaping Outcomes with you?  If yes, please list the name of those participating: | | | | | | | | | | | | | | | | | | | \_\_\_ Yes \_\_\_ No | |
|  | | | | | | | | | | | | | | | | | | |
| 3. How will your institution support your participation in Shaping Outcomes (allowing you time to participate during work hours, registration payment, etc.)? | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

**Payment Information**: Payment of $150 must be received before your registration will be complete*.*

Method of Payment:\* \_\_\_\_Check \_\_\_\_Money Order \_\_\_\_ I am applying for a scholarship\*\*

\*Please make check or money order payable in US funds to IUPUI with a notation in the memo that says S.O.C.E. We are currently unable to accept payments by credit card.

\*\* If you are interested in applying for a scholarship, contact project staff via outcomes@iupui.edu for more information

**To register, mail this form and payment to:**

Shaping Outcomes **For information about Shaping Outcomes**

Attn: Shellie Rich See: http://shapingoutcomes.org

University Library Email us: outcomes@iupui.edu

755 West Michigan St., UL3115J Call us: (317) 278-2385

Indianapolis, IN 46202-5195