

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:	Phone Number:		
Dates of preferred course offering - First choice:	Second choice:		
Please indicate the nature of your institution: (If other, please explain)			
How did you hear about Shaping Outcomes? (If other, please explain)			
1. Do you currently have, or are you planning to apply	y for, a grant from the Institute of Museum and Library Services?	□Yes	\square No
Shaping Outcomes can be completed by individuals of as long as the registered participant is the one in com	or teams from within an institution. There is no extra cost for institution munication with the instructor.	onal tea	ıms,
2. Are any colleagues from your institution planning o	on participating in Shaping Outcomes with you?	□Yes	\square_{No}
If yes, please list the names of those participating:			
3. In what ways is your institution supporting your pa hours, registration payment, etc.)?	rticipation in Shaping Outcomes (allowing you time to participate du	ring wo	ork
your registration will not be complete until payment is re			
,	☐ Enclosed ☐ Under separate cover ☐ I am applying for a so		

To register, mail this page (or submit via email to outcomes@iupui.edu) to:

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

Shaping Outcomes Attn: Shellie Rich, Project Coordinator University Library 755 West Michigan Street, UL3115J Indianapolis, IN 46202-5195

For information about Shaping Outcomes See: http://shapingoutcomes.org Email us: outcomes@iupui.edu

Call us: (317) 278-2385