

Cohort 1

INDIVIDUAL INFORMATION FORM

Submit electronically by **December 14, 2018**, to:

Anne Craig, Senior Director
abcraig@uillinois.edu

COVER PAGE

The [I Hotel](#) in Champaign, Illinois, will be the site for both in-person sessions.

Arrival day	Program day	Program day	Arrival day	Program day	Program day
Tuesday	Wednesday	Thursday	Monday	Tuesday	Wednesday
2/19/2019	2/20/2019	2/21/2019	7/15/2019	7/16/2019	7/17/2019

I, Attendee's name here, agree to and confirm the following CARLI Counts participation criteria:

1. I confirm that I am employed by a CARLI Governing Member Library. A Master's degree in Library and Information Science or other graduate degree is not required to participate.
2. I commit to attending both CARLI Counts in-person sessions and to participate in all mandatory virtual intersession activities and assignments (approximately 4 virtual sessions). I understand that if I am unable to attend either one of the in-person sessions in its entirety, I am not eligible to participate.
3. I agree to assume responsibility for all travel, including in-transit meals, and for personal and incidental expenses. Lodging and meals upon arrival at the I Hotel will be paid for by the grant.
4. The grant will pay for the room cost (including tax) only; I understand that I am responsible for incidental expenses incurred at the hotel (a credit card will be requested at check in to cover incidentals).
5. I agree to stay at the conference hotel for all four nights. I Hotel reservations will be made by the CARLI staff for the evenings of February 19-20, 2019, and July 15-16, 2019.
6. I agree to participate in the arrival day dinners, February 19, and July 15, 2019, and will plan my arrival time accordingly. Specific agenda times will be shared in February.
7. I agree to notify CARLI immediately if I must withdraw my participation in CARLI Counts so that another library's staff member may participate.

8. I understand that, once the project has started, if I must miss a meeting or withdraw my participation due to unforeseen circumstances, then I will work with my team and CARLI staff to make the appropriate arrangements.
9. I confirm that I am required to conduct at least one presentation to a group of library staff members about my experience and my program team's product, with the goal of sharing the knowledge I have learned.
10. I confirm that CARLI may publish my name, title, and organization in conjunction with any photos, videos, or other recordings made during the CARLI Counts program.
11. I agree to participate in the evaluation of the project through interviews and surveys.
12. I agree to attend the CARLI Annual Meeting, tentatively scheduled for November 22, 2019, in Champaign.

Date:

Signature:

Do not complete; for

ation only

GOVERNING AUTHORITY COMMITMENT

To be completed by the library director or dean:

Please confirm the following for: Attendee's name here

1. I confirm the attendee will have the support from this organization to spend time away from work, including travel to and from, during the two, two-day required in-person sessions.
2. I confirm that the attendee will have the support from this organization to spend time attending the required virtual sessions that will take place during the intersession.
3. I confirm that the attendee will have time to work on the development of the project team's product.
4. I confirm that the attendee's name and organization can appear in press releases, information and publications about the CARLI Counts Project.
5. I confirm that I understand that the University of Illinois System/CARLI will hold rights and ownership to the resulting products but will not use them for commercial gain. All content including curriculum and reports will be made available for reuse through a Creative Commons license for intellectual content. The University of Illinois System/CARLI will use best efforts to maintain the integrity of any web-based platforms used to deliver content, such as WordPress blogs or Google Drive applications.

Library name: _____

Director or dean printed name: _____

Title: _____

Date: Click or tap to enter a date. _____

Signature of director or dean: _____

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ATTENDEE PERSONAL INFORMATION

Part I. Required Information

Name (last, first): _____

Preferred nickname: _____

Library name: _____

Job title: _____

Library address: _____

Library phone: _____

Email address: _____

The following will not be published

Attendee cell phone: _____

Emergency contact name: _____

Emergency contact phone : _____

Emergency contact email: _____

I require vegetarian meals: Yes No

Vegetarian and non-vegetarian are the only meal choices available. CARLI is unable to accommodate other requests for specific types of foods, or for meals that are vegan, kosher, gluten free, peanut free, etc. The catering services that we use for CARLI events prepare food in commercial kitchens where a wide variety of other foods is being prepared, often using frozen and/or processed products that may have unknown trace ingredients. As a result, they are unable to guarantee that the food is kosher, vegan, gluten free, and/or peanut free. Attendees with specific dietary restrictions should plan to provide their own meals.

Part II. Optional Information

I choose not to respond to this optional section.

This information will not be published in association with the attendee's name. It is collected for the purposes of evaluation and reporting.

Male Female Age: _____

Ethnicity: _____

Languages spoken other than English: _____

Certificates or degrees earned: _____

VIDEO/PHOTO/AUDIO/WEBINAR CONSENT

I, the undersigned, do hereby consent to the use by the Consortium of Academic and Research Libraries in Illinois (CARLI) of my image, voice, or both described below, in (1) the video, photograph, audio, or webinar recording described below; and (2) any video, photograph, audio, or webinar recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of either CARLI/the University of Illinois System Office or its Foundation.

I warrant that I have the full right and authority to grant this consent.

I understand that all material obtained will be used by CARLI for educational and related purposes, including external distribution via webcast or on-demand streaming in digital format on the internet. CARLI may also share this material with others, as appropriate.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by either CARLI/the University of Illinois System Office or its Foundation. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand and by signing this release, hereby agree to its contents.

This is a release for the Consortium of Academic and Research Libraries in Illinois located at:

CARLI, 100 Trade Centre Drive, Suite 303, Champaign, Illinois 61820.

CARLI is the organization taking the photographs/making the recording(s).

ATTENDEE

Print name: _____

Address: _____

Phone: _____

Email: _____

Age: _____

Date: Click or tap to enter a date. _____

Signature: _____

X

