

Cohort 2

INDIVIDUAL INFORMATION FORM

Submit electronically by **December 20, 2019**, 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 Tuesday | Program day Wednesday | Program day Thursday | Arrival day Tuesday | Program day Wednesday | Program day Thursday |
|------------------------|--------------------------|-------------------------|------------------------|--------------------------|-------------------------|
| 2/18/2020 | 2/19/2020 | 2/20/2020 | 7/14/2020 | 7/15/2020 | 7/16/2020 |

I, Attendee 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 18-19, 2020, and July 14-15, 2020.
6. I agree to participate in the arrival day dinners, February 18, and July 14, 2020, 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 13, 2020, in Champaign.
13. I confirm that I have read the LIBRARY APPLICATION FORM that was submitted by my institution.

Date: Click or tap to enter a date.

Signature:

X

SAMPLE

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: _____

