

Tax Invoice / Receipt

ALIA Children's and Youth Services (NSW)

PRESENTS...

Gettin' the Goods: Collection Development Seminar

Date: Thursday, 13 Nov. 2008

Time: 9.30am registration
4:00pm close

Refreshments provided on arrival. Lunch not provided

Venue: Max Webber Library
Cnr Flushcombe and Alpha Streets, Blacktown NSW

Cost: ALIA / ASLA Members* \$80
Non members \$110

Register online at:
gettinthegoods.wordpress.com

Payments to:
Judy Drayton
Auburn Library
PO Box 118
Auburn NSW 1835
Phone 9735 1282
Fax 9735 1250

*Institutional members can send multiple staff at the member rate.

All EFT payments must be accompanied by remittance advice.
Donations without remittance advice are gratefully accepted.

ALIA

Children's and Youth Services NSW Group
www.alia.nsw.org.au/groups/cysnsw

linking ^{COOL} people with ^{GREAT} ideas
@ your library

Gettin' the Goods

Building Great Children's & Youth Collections

A seminar for Children's Librarians, Youth Librarians and Collection Development Librarians with an interest in building strong collections for young people.

Who are you collecting for? Local Government Procurement: what is it all about? Why have a CDP? How do I be a good customer? What are the ins and outs of Outsourcing? What are the challenges facing speciality areas?

There will be plenty of time for round the table discussions and workshops to give you a chance to speak up and share your ideas.

To access the seminar schedule and find more information log on to:
www.gettinthegoods.wordpress.com

Tax Invoice

Australian Library and Information Association ABN 40 090 953 236

Name of attendees

Organisation

Contact phone

ALIA Membership.....

Cash/Cheque (payable to Australian Library and Information Association)

Amount: \$.....

EFT Payment Details:

Bank: Commonwealth Bank of Australia Branch: Curtin ACT
Account Name: Australian Library & Information Assoc.
BSB: 062 905 Account Number: 1008 5372

Remittance Advice Required:

Reference: CYS NSW
Email on day of payment to: finance@alia.org.au

Card:

The full amount of this account may be debited to your credit card, your signature below is authority for the amount shown

Card Type: BANKCARD MASTERCARD VISA

Card No..... Expiry Date..... Amount \$.....

Cardholder's Name: *(Please print)*..... Cardholder's Signature.....

Cardholder's phone no.....(Business hours)

Alexander Mills — Secretary, ALIA CYSnsw

