



2019 CSLP - Minnesota



Membership Registration and Manual Order

Our library elects to become a member of the Collaborative Summer Library Program (CSLP) for the 2019 program year. We understand that our annual membership base fee will be \$20* (for standalone library) plus \$2 for any branch libraries for the 2019 *A Universe of Stories* program. The manual will be available in several formats: Paper with DVD for graphics & reproducibles - \$20 each; DVD version - \$10 each; USB version - \$10 each; or on-line version - \$8 per access cost. With our participation we will assume voice and vote to be represented by our CSLP state representative and have the ability to purchase incentives from the CSLP exclusive vendor.

Shipping & Billing Address:

Library: _____

Contact Person: _____ Signature: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

E-Mail: _____

**(Annual membership for a standalone library is \$20; if you are system library the charge is \$20 base plus \$2 for each branch.)*

The manual can be purchased in several formats. Please indicate the number of manuals and the format your library would like to order. All manual kits contain early literacy, children's, teen, and adult manuals and the accompanying graphics:

Qty	Unit Price	Total
___ Complete paper manuals with graphic DVDs	@ \$20.00 each	\$ _____
___ Manual & all graphics on DVD only	@ \$10.00 each	\$ _____
___ Manual & all graphics on USB only	@ \$10.00 each	\$ _____
___ Manual & all graphics On-Line with code	@ \$ 8.00 each	\$ _____

2019 annual membership base fee of \$20 (for stand-alone and/or main library) \$ _____

___ Number of branch locations in our system for 2019 annual fee of @ \$2 each \$ _____

Charge our credit card Invoice my library **TOTAL DUE** \$ _____

We accept : Visa MasterCard Discover

Credit Card number: _____ Exp. Date: ____/____ CVC _____

Name that appears on the card: _____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Card Signature: _____

Please return this form by mail, fax or e-mail to: **CSLP, 953 6th Place SE, Mason City, IA 50401-5261**
1-641-424-5120 (fax); or karen.day@cslpreads.org

If you have questions, please call the CSLP office at: **1-866-657-8556**

For CSLP office only - Approved web log in _____
 Invoiced _____ CC Charged _____ Shipped _____