



**One registrant per form. Please print clearly.**

Name \_\_\_\_\_

Institution Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Are You an SAA Member?** \_\_\_\_Yes \_\_\_\_No

**Is Your Employer an SAA Institutional Member?** \_\_\_\_Yes \_\_\_\_No

**Will you be attending In-person \_\_\_\_ or Virtually \_\_\_\_?**

**Does your institution cover the costs for you to attend the Annual Meeting?** \_\_\_\_Yes fully \_\_\_\_Yes partially \_\_\_\_ No

☐ Check here if you require any accommodations to fully participate in this event. The conference staff will contact you.

☐ Check here if you have any dietary restrictions. The conference staff will contact you.

**Emergency Contact:** (Required for In-Person) *SAA staff will not be able to process your registration without this information.*

Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## All Access Registration (Includes In-Person and/or Virtual Access)

	SAA Member	Employee of SAA Member Institution	Nonmember
Early-Bird (by June 13)	<input type="checkbox"/> \$509	<input type="checkbox"/> \$679	<input type="checkbox"/> \$899
Advance (by July 25)	<input type="checkbox"/> \$609	<input type="checkbox"/> \$739	<input type="checkbox"/> \$959
Regular (after July 25)	<input type="checkbox"/> \$689	<input type="checkbox"/> \$859	<input type="checkbox"/> \$1,109
SAA Student Member	<input type="checkbox"/> \$319	N/A	N/A
Guest*	<input type="checkbox"/> \$319	<input type="checkbox"/> \$339	<input type="checkbox"/> \$409
Guest Exhibit Hall Pass	<input type="checkbox"/> \$119	<input type="checkbox"/> \$139	<input type="checkbox"/> \$159

**SAA Student Rate:** SAA Full members are not eligible for the SAA [Student member](#) rate.

**Cancellations and Refunds:** If you need to cancel your registration, written requests must be received by June 13, 2025, to qualify for a full refund. A \$169 administrative fee will be applied to cancellations made between June 14 and July 10. No refunds will be processed after July 10, 2025.

**\*Guest Registration:** Guests (spouses and children of conference attendees) may purchase a pass to attend Plenary Sessions, the Exhibit Hall, and the SAAF Reception. Guest registration will be available onsite starting Sunday, August 24, 2025, at the headquarters hotel.

**Name of Guest:** \_\_\_\_\_

☐ Check # \_\_\_\_\_ Checks [in US Funds] must include name(s) of registrant(s).

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover \_\_\_\_\_ Total

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Credit Card Number	Expiration Date	CVV (Security Code)
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NAME ON CARD (Please Print)	TELEPHONE NUMBER (If name on card differs from attendee)
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### CARDHOLDER'S SIGNATURE

I understand that by registering for this conference, I agree to abide by [SAA's Code of Conduct](#), and give permission to be photographed and to have my photo used in conference promotional materials. All registrations must be accompanied by payment, and all payments must be made in U.S. funds. The conference office accepts checks and major credit cards. Please make checks payable to **SAA**. Do not send cash. Fax your completed registration form, with credit card information, to 312-606-0728, Attn: ARCHIVES \* RECORDS 2025 Registration. **Do not fax your registration if you are paying by check.**

If you must register by mail, please allow sufficient time for processing, and mail your registration form and check to SAA at:

Society of American Archivists  
17 North State Street, Suite 1425  
Chicago, IL 60602-4061

**Questions?** Contact the SAA Service Center at [conference@archivists.org](mailto:conference@archivists.org) or 312-606-0722, ext. 0.

**Please do not submit registration via more than one method.**