



34th Annual Pacific Island Association of Libraries, Archives, and Museums (PIALA) Conference

# REGISTRATION

If you are registering on behalf of multiple employees, submit one form for each of them.

**"Promoting Access and Indigeneity in Pacific Archives, Libraries and Museums"**

USP Marshall Islands Hall Conference, November 24<sup>th</sup>-27<sup>th</sup>, 2025

The 34th Annual PIALA Conference is co-sponsored by the Marshall Islands Library Association (MILA), RMI National Alele Museum, Library and Archive, Nitijela (Parliament) of the Republic of the Marshall Islands, Ministry of Culture and Internal Affairs (MOCIA), College of the Marshall Islands (CMI), RMI University of the South Pacific (USP), and Public School System (PSS)

**MODE OF PAYMENT:**

**Payments accepted:**

- Cash and check payments during registration.
- Checks through the mail with completed registration form

**Please make checks payable to:**

- (PIALA) Pacific Islands Association of Libraries, Archives, and Museums

**Complete this registration form and email it to the following:**

ljeraan@cmi.edu (MILA Treasurer)  
OR  
lynnmiano31@gmail.com (MILA Secretary)  
or  
lynn.miano@usp.ac.fj (MILA Secretary)

**ATTENDEE INFORMATION**

|                        |                                               |                                           |                              |                               |                               |                                 |                                |                                            |
|------------------------|-----------------------------------------------|-------------------------------------------|------------------------------|-------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------------------|
| Type of Registration:  | <input type="checkbox"/> PIALA renewal member | <input type="checkbox"/> PIALA non-member | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Dr.  | <input type="checkbox"/> Other: | <input type="text"/>           |                                            |
| First Name:            | <input type="text"/>                          |                                           |                              | Last Name:                    | <input type="text"/>          |                                 |                                |                                            |
| Job Title :            | <input type="text"/>                          |                                           |                              | Gender:                       | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
| Contact #:             | <input type="text"/>                          |                                           |                              | E-Mail:                       | <input type="text"/>          |                                 |                                |                                            |
| Organization/ Company: | <input type="text"/>                          |                                           |                              |                               |                               |                                 |                                |                                            |
| Mailing Address:       | <input type="text"/>                          |                                           |                              |                               |                               |                                 |                                |                                            |
| Town/Village/City:     | <input type="text"/>                          |                                           |                              | Zip Code:                     | <input type="text"/>          |                                 |                                |                                            |

**CONFERENCE REGISTRATION FEE SCHEDULE**

(Check all that apply)

**General Conference Fee:**

Monday, November 24<sup>th</sup>, 2025

Tuesday, November 25<sup>th</sup>, 2025

Wednesday, November 26<sup>th</sup>, 2025

**Post Conference**

Thursday, November 27<sup>th</sup>, 2025

[Cultural and Historical Tour of Majuro]

☐ \$75.00

(Payment must be postmarked on November 24th, 2025)

☐ \$20.00

PIALA member

Note: \$25.00 RMI Departure Fee

**PIALA MEMBERSHIP (2025-2026)**

☐ Individual PIALA membership Fee: \$30.00

☐ Institutional PIALA membership Fee: \$50.00

☐ Lifetime PIALA membership Fee: \$250.00

Are you allergic to any food or have any underlying health condition we should be aware of?

☐ Yes

☐ No

If you answered "Yes," please explain:

Any special needs or accomodations needed? Please explain:

**RELEASE OF LIABILITY, PHOTO, VIDEO, & MEDIA RELEASE**

**RELEASE OF LIABILITY:** In consideration of your participation in the 34th Annual Pacific Island Association of Libraries, Archives, and Museums (PIALA) Conference, you and your heirs, assigns, executors, and administrators, agree that the Pacific Islands Association of Libraries, Archives, and Museums (PIALA) and its officer directors, presenters, trip, and event leaders, assistants, agents, and representatives, shall not be liable, jointly or severally, for any injuries to your person or property. You also agree to indemnify and hold harmless the parties from and against any and all actions, claims, demands, liability, loss, damages, and expenses of any kind, including attorney's fees, arising from such claims. You are aware and familiar with the ordinary and hazardous risks involved in the activities and travel related to participating in the PIALA Conference, and understand and assume those risks.

**PHOTO, VIDEO, & MEDIA RELEASE:** I hereby grant PIALA the right and permission to use any photographs or video taken of me for any purpose and in any and all media now or in the future. I hereby grant to PIALA the right and permission to use my name in connection with the photographs. I hereby release and discharge PIALA from any and all claims and demands arising out of or in connection with the use of the photographs or video, including any and all claims for libel or invasion of privacy. I am of full age and have the right to contract in my own name. I have read the above and fully understand the content. This release shall be binding upon me and my heirs and the legal representatives.

I hereby acknowledge and agree that, by signing this form, I consent to the terms of this registration.

Print Full Name:

Signature & Date: