



MCLS Certificate of Library Development in Cataloging Application Form

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Check One:

Basic Cataloging Certificate or **Advanced Cataloging Certificate**

Workshop: MARC: An Introduction Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Req: Basic Cataloging Certificate Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Signature: _____ Date: _____

Fax this form to the training department at (517) 492-3878 or

Mail to: Midwest Collaborative for Library Services
 Attn: Training Department
 1407 Rensen Street, Suite 1
 Lansing, MI 48910