

Nebraska Library Commission
1200 N St., Suite 120
Lincoln, NE 68508-2023
Cataloging Certificate Program Application

Name: _____

Institution: _____

Address: _____

City: _____ State: NE Zip Code: _____

Telephone: _____ Fax _____

Email Address: _____

Please mail form to the attention of Allison Badger or fax to 402-471-2083.

FOR NLC USE

Basic Cataloging Certificate:

Workshop: Understanding MARC 21 Bibliographic Records Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Advanced Cataloging Certificate:

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____

Workshop: _____ Date: _____