



# PROGRAM FORM

Beyond Books & Programs: Changing Youth Services Conference  
August 10, 2018  
Ohio University - Baker University Center (Athens, OH)

1105 Schrock Rd, Suite 440  
Columbus, OH 43229  
PH: (614) 410-8092  
FAX: (614) 410-8098

Submit to: [olc@olc.org](mailto:olc@olc.org) by 3/23/18

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Accepted
<input type="checkbox"/>	Declined
Room	_____
Prg. #	_____

PROGRAM DESCRIPTION

- Intended Audiences:
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Young Adult/Teen Services | <input type="checkbox"/> Children's Services Staff | <input type="checkbox"/> Adult Services Staff | <input type="checkbox"/> Genealogy and Local History Staff |
| <input type="checkbox"/> Staff General Interest    | <input type="checkbox"/> Marketing and PR Staff    | <input type="checkbox"/> Outreach Staff       | <input type="checkbox"/> Support and Circulation Staff     |
| <input type="checkbox"/> Technical Services Staff  | <input type="checkbox"/> Technology Staff          | <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Other                             |

Type of Program:  1 Hour  LIBchat (Library Interesting Brief, 10-minute talk)  Un-Program Session (audience participation)  Keynote

Preferred Time:  Morning  Afternoon  Either \*OLC reserves the option to schedule programs on times most advantageous to the overall agenda.

Core Competency: \_\_\_\_\_ (Core competencies listed on <http://olc.org/resources/education/core-competencies/>)

Title: \_\_\_\_\_

Program Description: (Note: This description will be used in marketing materials. Please edit carefully.)

Learning Outcomes: What specific skills and/or knowledge will participants gain from their experience?

SPEAKER INFORMATION

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Library/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE REVIEW SPEAKER POLICY BELOW.**

NOTE: If this program has a panel of speakers, please attach additional speaker information on separate sheet.

CONTACT

Sponsoring Division/Committee: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Library/Organization: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Speakers who are members of the Ohio library community are not eligible for an honorarium or reimbursement of their expenses. However, there is a reduced registration fee for speakers who would like to attend the entire conference. If your program is accepted, you will be notified about the discounted rate.*