

PROGRAM FORM (Non-Ohio Library Presenters)

2018 OLC Convention and Expo
 October 3-5, 2018
 Kalahari Resort and Convention Center
 Sandusky, Ohio
 Submit to: olc@olc.org by 2/14/18

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



OLC PRESENTS: The 2018 OLC Convention and Expo
Strengthening Our Core

A strong library can strengthen the core of the whole community. This starts with an exceptional staff and a commitment to providing the best possible services based on the unique needs of the community. What constitutes a core service can vary from one town to the next, but the essential skills of the profession are tied to a set of core competencies. By focusing on these core competencies, the 2018 Convention and Expo will inspire new ways to explore and strengthen your library's core services and provide an opportunity for you to enhance your knowledge and skills to meet the challenges we face now and in the future.

PROGRAM

Intended Audiences:

<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Adult Services Staff	<input type="checkbox"/> Children's Services Staff	<input type="checkbox"/> Genealogy and Local History Staff
<input type="checkbox"/> 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"/> Young Adult/ Teen Services Staff	<input type="checkbox"/> Other

Type of Program: 1 Hour Keynote Un-Program Session

Preferred Day: Wednesday Thursday Friday

Preferred Time: _____ *OLC reserves the option to schedule programs on days and times most advantageous to the overall convention agenda.

Title: _____

Core Competency: _____

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

NON-OHIO LIBRARY PRESENTERS

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

*Presenters Fees/Expenses

Honoraria: \$ _____
 Travel: \$ _____
 Meals: \$ _____
 Handouts/ Misc: \$ _____
 Hotel (# nights): _____

**Speakers who are members of the Ohio library community are not eligible for an honorarium or reimbursement of their expenses.*

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

*Presenters Fees/Expenses

Honoraria: \$ _____
 Travel: \$ _____
 Meals: \$ _____
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 Hotel (# nights): _____

**Speakers who are members of the Ohio library community are not eligible for an honorarium or reimbursement of their expenses.*

SPONSOR CONTACT

Division/Committee: _____
Program Contact Name: _____
 Library/Organization: _____
 Day Phone: _____ Email: _____