

PROGRAM FORM (Ohio Library Presenters)

2018 OLC Convention and Expo  
October 3-5, 2018  
Kalahari Resort and Convention Center  
Sandusky, Ohio  
Submit to: [olc@olc.org](mailto: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)*

OHIO LIBRARY PRESENTERS

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

*\*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: \_\_\_\_\_

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

SPONSOR CONTACT

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