OLC | OHIO LIBRARY COUNCIL

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PROGRAM FORM

Submit to: olc@olc.org

FOR OFFICE USE ONLY

☐ Accepted ☐ Declined

Date _____ Time _____

Room _____ Prg. # _____

PROGRAM

Program Title: _____

Core Competency (view list at olc.org/resources/education/core-competencies): _____

Type of Program: ☐ 1 Hour ☐ 1.5 Hour ☐ Un-Program ☐ LIBChat ☐ Poster Session ☐ Panel ☐ Keynote

Delivery Method: ☐ Face-to-Face (e.g. conference, workshop, etc.) ☐ Online (e.g. webinar) ☐ Other: _____

Availability: (please list date or time of year, geographic region, time of day, etc.) _____

Intended Audience:

☐ Administrative ☐ Adult Services Staff ☐ Children's Services ☐ Genealogy and Local History Staff ☐ General Interest
☐ Outreach Staff ☐ Technical Services ☐ Teen Services Staff ☐ Marketing/PR Staff ☐ Accounting/Fiscal Officer
☐ Small Libraries ☐ Customer Service/Support ☐ IT Staff ☐ Reference & Information Services Staff ☐ HR Staff

Learning Objective: _____

Program Description: ***This description will be used in marketing materials. Please edit carefully.***

PRESENTERS

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

Presenter Name* _____ Title _____

Library/Organization _____

City, State, Zip _____

Day Phone _____ Email _____

PRESENTER 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.

Presenter Name* _____ Title _____

Library/Organization _____

City, State, Zip _____

Day Phone _____ Email _____

PRESENTER EXPENSES

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

SPONSOR

☐ Sponsoring Division or Committee (if applicable): _____ ☐ N/A

Contact Name: _____ Library/Organization: _____

Day Phone: _____ Email: _____