

Accepted _____ Declined _____

Date _____ Time _____

Room _____ Prg. # _____

1105 Schrock Road, Suite 440
Columbus, OH 43229
PH: 614-410-8092 | FAX: 614-410-8098

Submit form to: olc@olc.org

Deadline: Feb. 1, 2019

PROGRAM

Program Title: _____

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

Type of Program: 1 Hour LIBchat (high-energy, 10-15 minute session on a thought-provoking topic meant to introduce ideas to attendees) Poster Session

Availability*: AM PM *OLC reserves the option to schedule programs on days and times most advantageous to the overall conference agenda.

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

Program Description: ***This description will be used in marketing materials. Please edit carefully and limit to 200 words.***

NOTE: If this program has a panel of speakers, please use the PANEL PROGRAM FORM.

PRESENTERS

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 of Sponsoring Division or Committee: _____

Contact's Day Phone: _____ Contact's Email: _____