OLC | OHIO LIBRARY COUNCIL

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

Submit form to: olc@olc.org

PANEL PROGRAM FORM

Library Facilities Conference
Keeping Up with the Upkeep: Building a Better Library
July 25, 2019
Columbus Metropolitan Library | Downtown Columbus
Deadline: March 22, 2019

FOR OFFICE USE ONLY

☐ Accepted ☐ Declined
Date _____ Time _____
Room _____ Prg. # _____

PROGRAM

Program Title: _____

Primary Core Competency (view list at olc.org/resources/education/core-competencies): _____ [Please list only one]

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

Themes:
☐ Construction/Renovation ☐ Space Planning ☐ Disaster/Emergency Planning ☐ Building Systems
☐ Energy Efficiency ☐ Funding/Budgeting ☐ Preventative Maintenance
☐ Other: _____

PANEL MEMBERS

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): _____

Presenter Name* _____ Title _____
Library/Organization _____
City, State, Zip _____
Day Phone _____ Email _____

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

Presenter Name* _____ Title _____
Library/Organization _____
City, State, Zip _____
Day Phone _____ Email _____

PRESENTER EXPENSES
Honoraria: $_____
Travel: $_____
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PROGRAM DESCRIPTION

Program Description:

SPONSOR

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

Contact Name of Sponsoring Division or Committee: _____

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