

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

**Right Click 2019: The Library IT Idea Exchange Conference**  
November 22, 2019  
Quest Conference Center, Columbus, OH

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

**Submit form to: [olc@olc.org](mailto:olc@olc.org)**

**Submit Program Deadline: August 19, 2019**  
**Join your library IT colleagues to share best practices and develop innovative solutions to common issues.**

**Attendance for the full day counts as 6 credits toward re-certification**

**Selected programs will be 20 minutes in length.**

**PROGRAM**

Program Title: \_\_\_\_\_

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

Availability:  AM  PM *[Please note: OLC reserves the option to schedule programs at times most advantageous to the overall conference agenda.]*

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

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

**PRESENTERS**

Presenter (1) Name \_\_\_\_\_ Title \_\_\_\_\_

Library/Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Presenter (2) Name *[Use separate sheet for additional presenter]* \_\_\_\_\_ Title \_\_\_\_\_

Library/Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

<b>* PRESENTER EXPENSES *</b>	Honoraria: \$ _____
	Travel: \$ _____
	Meals: \$ _____
	Handouts/ Misc.: \$ _____
	Hotel (# nights): _____
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	Travel: \$ _____
	Meals: \$ _____
	Handouts/ Misc.: \$ _____
	Hotel (# nights): _____

**SPONSORED BY:**

Sponsoring OLC Division or Committee (if applicable): \_\_\_\_\_  No Sponsoring Division or Committee.

Contact Name of Sponsoring Division or Committee: \_\_\_\_\_

Contact's Day Phone: \_\_\_\_\_ Contact's Email: \_\_\_\_\_