2021 Convention Program Form NON-OHIO LIBRARY PRESENTERS

2021 Convention and Expo | Developing Greatness | Oct. 13-15, 2021 | Columbus, Ohio

Convention theme information is available at olc.org/convention-expo. This program form is for speakers who are NOT members of the Ohio library community. Non-Ohio library presenters are eligible for an honorarium or reimbursement of their expenses as negotiated; and there is no registration fee for the day of their program.

Submit form to: **Ohio Library Council**
495 Metro Place South, Suite 350, Dublin, OH 43017
PH: 614-410-8092 | FAX: 614-410-8098 | **EMAIL: olc@olc.org**

DEADLINE: FEB. 1, 2021

FOR OFFICE USE ONLY

☐ Accepted ☐ Declined

Date _____ Time _____

Room _____ Prg. # _____

PC _____

Rm Monitor _____ $

SPONSOR

Key Contact Person : _____

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

☐ Sponsoring OLC Division or Committee (if applicable): _____ ☐ No sponsor for this program. Use Key Contact Information.

PROGRAM

Program Title: _____

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

Type of Program: ☐ 1 Hour ☐ Poster Session

Preferred day / time*: ☐ No Preference ☐ Wednesday PM ☐ Thursday AM ☐ Thursday PM ☐ Friday AM

**OLC reserves the option to schedule programs on days and times most advantageous to the overall Convention 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 attach additional speakers on separate sheet. _____

PRESENTERS

(#1) Presenter Name _____ (#1) Title _____

(#1) Library/Organization _____

(#1) City, State, Zip _____

(#1) Day Phone _____ (#1) Email _____

PRESENTER EXPENSES

Honoraria: $_____
Travel: $_____
Meals: $_____
Hotel (# nights): _____

(#2) Presenter Name _____ (#2) Title _____

(#2) Library/Organization _____

(#2) City, State, Zip _____

(#2) Day Phone _____ (#2) Email _____

PRESENTER EXPENSES

Honoraria: $_____
Travel: $_____
Meals: $_____
Hotel (# nights): _____