



1105 Schrock Rd, Suite 440
Columbus, OH 43229
PH: (614) 410-8092
FAX: (614) 410-8098

PROGRAM FORM

Level Up: Moving to Mastery in Adult Services

May 23, 2018

Bowling Green State University, Bowling Green, OH

Submit to: olc@olc.org by 2/14/18

FOR OFFICE USE ONLY

☐ Accepted

☐ Declined

Room _____

Prg. # _____

PROGRAM DESCRIPTION

Intended Audiences:

☐ Administrative Staff

☐ Adult Services Staff

☐ Children's Services Staff

☐ Genealogy and Local History Staff

☐ General Interest

☐ Marketing and PR Staff

☐ Outreach Staff

☐ Support and Circulation Staff

☐ Technical Services Staff

☐ Technology Staff

☐ Young Adult/ Teen Services Staff

☐ Other

Type of Program: ☐ 1 Hour ☐ 1.5 Hour ☐ Un-Program Session

Preferred Time: ☐ Morning ☐ Afternoon ☐ Either

*OLC reserves the option to schedule programs on times most advantageous to the overall agenda.

Core Competency: _____ (Core competencies listed on <http://olc.org/resources/education/core-competencies/>)

Title: _____

Program Description: (Note: This description will be used in marketing materials. Please edit carefully.)

Learning Outcomes: What specific skills and/or knowledge will participants gain from their experience?

SPEAKER INFORMATION

Name: _____
Title: _____
Library/Organization: _____
Address: _____
City, State, Zip: _____
Day Phone: _____ Email: _____

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Title: _____
Library/Organization: _____
Address: _____
City, State, Zip: _____
Day Phone: _____ Email: _____

PLEASE REVIEW SPEAKER POLICY BELOW.

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

CONTACT

Sponsoring Division/Committee: _____
Contact Name: _____
Library/Organization: _____
Day Phone: _____ Email: _____

**Speakers who are members of the Ohio library community are not eligible for an honorarium or reimbursement of their expenses. However, there is a reduced registration fee for speakers who would like to attend the entire conference. If your program is accepted, you will be notified about the discounted rate.*