

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

**2020 MULTIPLE LITERACIES CONFERENCE:
Navigating Literacies for a Changing World**

July 10, 2020
Great Wolf Lodge, Mason, Ohio

Submit form to: olc@olc.org
by March 18, 2020


DEADLINE: MARCH 18, 2020

Accepted Declined

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: Keynote Poster Un-program (a moderator-facilitated discussion among a group of participants)
 1 Hour Quick Lits (5-7 minute presentation) Panel (List all speakers below; attach separate sheet for additional speakers).

Preferred time*: AM PM *OLC reserves the option to schedule programs at time most advantageous to the overall agenda.

Literacy Addressed: Digital/Tech Financial Traditional (early, adult, etc.) Community
 Media Health/Wellness Life Skills Other: _____

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

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

Members of the Ohio library community are not eligible for an honorarium or reimbursement of expenses; however, they are eligible for the discounted speaker appreciation rate for the conference.

If you are not a member of the Ohio library community and would like to discuss an honorarium and expenses, please check this box and you will be contacted.

PRESENTERS

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

(#1) Library/Organization _____

(#1) City, State, Zip _____

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

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

(#2) Library/Organization _____

(#2) City, State, Zip _____

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