
GUEST PRESENTER/ PERFORMER APPLICATION

Complete all sections below

APPLICANT INFORMATION

NAME _____
ADDRESS _____
TELEPHONE _____ BEST TIME TO CALL _____
EMAIL _____

ORGANIZATION INFORMATION

ORGANIZATION NAME _____
ORGANIZATION ADDRESS _____
WEBSITE _____
CONTACT PERSON (IF DIFFERENT FROM ABOVE) _____

PROGRAM/PRESENTER INFORMATION

PROVIDE A BRIEF DESCRIPTION OF THE PROGRAM, ITS PURPOSE, AND ITS TARGET AUDIENCE

WHEN AND WHERE WAS THE PROGRAM PRESENTED AT ANOTHER LOCATION OR PUBLIC LIBRARY?

PLEASE OUTLINE THE PRESENTER'S CREDENTIALS. INCLUDE EDUCATION, DEGREES, CERTIFICATES, AWARDS AND NUMBER OF YEARS IN THE FIELD. PLEASE ATTACH A LIST OF REFERENCES.

***IF YOUR APPLICATION IS APPROVED, YOU WILL BE CONTACTED REGARDING SCHEDULING AND CONTRACTUAL INFORMATION**

NAME _____
SIGNATURE _____
DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED BY: _____

DATE SCHEDULED: _____