

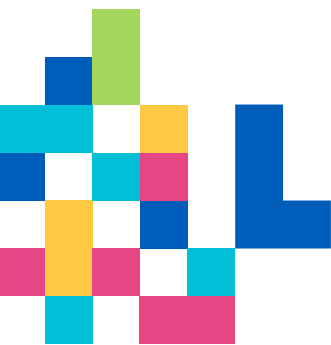
Offer a Library Program with Us

About You

Name	_____	Date (d/m/y)	_____
Title	_____		
Organization	_____		
Email	_____	Phone	() _____
Website	_____		

Program Details

Program Title:	<input type="text"/>
Description:	<input type="text"/> <input type="checkbox"/> Additional description provided (optional)
Format: <i>(check all that apply)</i>	<input type="checkbox"/> Presentation <input type="checkbox"/> Performance <input type="checkbox"/> Participant Activity <input type="checkbox"/> Workshop <input type="checkbox"/> Discussion <input type="checkbox"/> Other _____
Intended Audience:	<input type="text"/>
Suggested Date & Time <i>(note: most Library programs are planned 4 months in advance)</i>	<input type="text"/> <i>Is there flexibility?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Audio/Visual & Equipment Needs:	<input type="text"/>



Where would you like to provide this program?

- | | |
|--|--|
| <input type="checkbox"/> Alderney Gate Public Library | <input type="checkbox"/> JD Shatford Memorial Public Library |
| <input type="checkbox"/> Bedford Public Library | <input type="checkbox"/> Keshen Goodman Public Library |
| <input type="checkbox"/> Captain William Spry Public Library | <input type="checkbox"/> Musquodoboit Harbour Public Library |
| <input type="checkbox"/> Cole Harbour Public Library | <input type="checkbox"/> Sackville Public Library |
| <input type="checkbox"/> Dartmouth North Public Library | <input type="checkbox"/> Sheet Harbour Public Library |
| <input type="checkbox"/> Halifax Central Library | <input type="checkbox"/> Tantallon Public Library |
| <input type="checkbox"/> Halifax North Memorial Public Library | <input type="checkbox"/> Woodlawn Public Library |

How many programs would you like to provide?

Is the program part of a larger event or series?

- Yes No

If yes, please provide details:

Are there other program partners involved?

- Yes No

If yes, please provide details:

Are you providing this program elsewhere?

- Yes No

If yes, please provide details:

Are you able to provide this program free of charge?

- Yes No

If no, please provide details:

Do you have promotional strategies?

Do you plan to invite media?

- Yes No

Do you plan to film this event?

- Yes No

Presenter Details

Biography and Qualifications:

Resume provided (optional)

Do you have experience presenting to this audience?

Yes No

References:

Name _____ Email _____

Phone () _____ Relationship _____

Name _____ Email _____

Phone () _____ Relationship _____

Letter of Reference provided *(optional)*

Additional Information *(optional)*

Send your completed form and any attachments (to a maximum of 4 files) to libprograms@halifax.ca.

THANK YOU!

Your proposal will be forwarded to the appropriate staff for consideration.