



**Intended Audience:**

**Suggested Date & Time**  
*(note: most Library programs are planned 4 months in advance)*

*Is there flexibility?*    Yes    No

**Audio/Visual & Equipment Needs:**

**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 (please ensure to save the data before sending) and any attachments (to a maximum of 4 files) to [libprograms@halifax.ca](mailto:libprograms@halifax.ca).**

**THANK YOU!**

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