

A SPLENDID COMBINATION!
NCLA & SELA 2004
NORTH CAROLINA LIBRARY ASSOCIATION - CENTENNIAL CONFERENCE
AND
SOUTHEASTERN LIBRARY ASSOCIATION - BIENNIAL CONFERENCE
NOVEMBER 9 - 13, 2004
CHARLOTTE CONVENTION CENTER

PROGRAM PLANNING FORM
DUE DATE: JUNE 1, 2004

Please submit a separate form for each session or event being planned. Attached extra sheets if needed.

NCLA/SELA: SECTION/ 1) _____
ROUND TABLE/COMMITTEE: 2) _____
(LIST ALL UNITS CO-SPONSORING) 3) _____

PROGRAM COORDINATOR: _____
(ONLY ONE KEY CONTACT, EVEN IF MULTIPLE GROUPS ARE CO-SPONSORING)

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____

PROGRAM DESCRIPTION

Presentation title: _____

One sentence promotional description: _____

Presenter(s) [if different from above]: _____

Address: _____ **City/State/Zip:** _____

Business Phone: _____ **Home phone:** _____ **FAX** _____ **E-MAIL** _____

Facilitator (if applicable): _____ **Title:** _____

Length: 120 min. ___ 90 min. ___ 60 min ___

Target audience: Academic Librarians ___ Public Librarians ___ Special librarians ___ General ___

Anticipated attendance: _____

Program objectives:

TYPE OF SESSION/EVENT: (Please check all that apply)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Reception | <input type="checkbox"/> Vendor Demo |
| <input type="checkbox"/> Program/Business Mtg | <input type="checkbox"/> Tour | <input type="checkbox"/> Other (Please Explain): |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Table Talk | _____ |
| <input type="checkbox"/> Luncheon | <input type="checkbox"/> Panel | _____ |

CONFERENCE DAY AND THE TIME PREFERRED: (Please select a first, second and third choice for this event from the following list of conference event time slots. If anticipated program length is more than one slot, select two consecutive slots and bracket them.)

- | | |
|--|---|
| <input type="checkbox"/> Tuesday, 11/9, 9 am – 4 pm (Pre-Conferences) | <input type="checkbox"/> Thursday, 11/11, 10:45 am – 11:45 am |
| <input type="checkbox"/> Wednesday, 11/10, 12:30– 2:00 pm (Luncheon Functions) | <input type="checkbox"/> Thursday, 11/11, 4:15 pm – 5:15 pm |
| <input type="checkbox"/> Wednesday, 11/10, 2:30 pm – 3:30 pm | <input type="checkbox"/> Friday, 11/12, 7:30 am -- 9:00 am (Breakfast Functions) |
| <input type="checkbox"/> Wednesday, 11/10, 3:45 pm – 5:00 pm | <input type="checkbox"/> Friday, 11/12, 10:30 am – 11:45 am |
| <input type="checkbox"/> Thursday, 11/11, 7:30 am – 9:00 am (Breakfast Functions) | <input type="checkbox"/> Friday, 11/12, Noon – 1:30 pm (Luncheon Functions) |
| <input type="checkbox"/> Thursday, 11/11, 9:30 am – 10:30 am | <input type="checkbox"/> Friday, 11.12, 2:00 pm -- 3:15 pm |

ROOM ARRANGEMENT: (Please check the room arrangement desired)

- | | | |
|--|---|--|
| <input type="checkbox"/> Theatre Style | <input type="checkbox"/> Conference Style | <input type="checkbox"/> Classroom Style |
| <input type="checkbox"/> U-Shape | <input type="checkbox"/> Banquet | <input type="checkbox"/> Panel |

EQUIPMENT NEEDS: (Please put a check by the type of equipment you will need)

- | | |
|--|--|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> Podium Microphone | <input type="checkbox"/> Computer Phone Line |
| <input type="checkbox"/> Lavalier Microphone | <input type="checkbox"/> TV/VCR |

DESCRIPTION OF SESSION/EVENT FOR CONFERENCE PROGRAM:

SUBMITTED BY: _____ **DATE:** _____

RETURN THIS FORM BY JUNE 1, 2004 TO:

Susan Herzog
NCLA/SELA Conference Program Committee
Public Library of Charlotte and Mecklenburg County
310 N. Tryon Street
Charlotte, NC 28202
Phone: (704) 336-6226 Fax: (704) 336-2002
Email: sherzog@plcmc.org