



Program Proposal Application

Today's Date: _____

PRESENTER

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Web site: _____ Email: _____

Organization: _____

Organization phone/website: _____

Contact name at organization other than presenter: _____

Contact email address: _____

PROGRAM

Name of Program: _____

Please check the type of presentation:

Lecture Panel Workshop Craft Author Presentation Performance Other _____

Program description: *(Use this space or attach additional sheets if necessary)* _____

What is your target audience? Children Teen Adult All Ages

Proposed Dates/Times: _____

Number of people you can accommodate in your presentation: _____

How long is the presentation? _____

The Keene Public Library does not typically pay for presentations. Do you require a fee for your presentation? Yes/No If yes, amount? _____

Programs presented at the library must be free and open to all. If there are materials or supplies used as part of the program, they must be freely provided. In some cases, the library may be able to help by paying for those materials. Do you require a cost recovery fee for materials? Yes/No

If yes, amount: _____ Description of materials to be provided:

Have you presented this program before? Yes/No

If yes, where and when?

Experience / training / credentials in subject area(s):

Types of presentation equipment and/or audio-visual equipment needed (*Example: podium, table, projector*): _____

Supporting documentation enclosed (check all that apply):

- program materials resume book cover image published reviews other

Other information you would like to provide: _____

Thirty minutes are allotted between sessions for setup/breakdown of presentations. Please advise if you will need additional time.

***** Library Board Policy prohibits sales or solicitation in the library. The Keene Public Library may not be used for commercial purposes, (i.e., sale of goods or services, executing fee-for-service agreements, or securing contracts of commitment to services provided elsewhere). Programs listed or presented as informational, educational, or instructional must remain so, and presenters shall make no direct solicitation of attendees to secure clients or customers for their commercial purpose. *****

By submitting a proposal, I agree to the aforesaid statements.

Signature _____ **Date:** _____

Please note that this program will be subject to review. Submission of this form does not guarantee selection. This form will be kept on file and we will contact you if your program is selected.

STAFF USE ONLY	
Date Received: _____	
Staff Comments:	
Do you recommend this application for approval?	Why/Why not?
Is there a staff member willing to be the program facilitator? Yes/No	
If yes, Name: _____	
Final Program Details: _____	

Please submit the completed presentation proposal form to:

Gail Zachariah
Head of Youth and Community Services
Keene Public Library
60 Winter Street
Keene, NH 03431
603-352-0157 ~ gzachariah@ci.keene.nh.us