

TITLE CODE: _____

Unit # _____

**MARYLAND LIBRARY ASSOCIATION & DELAWARE LIBRARY ASSOCIATION
2016 PRELIMINARY CONFERENCE APPROVAL FORM**

Form to be submitted by October 12, 2015

SPONSORING UNIT: _____ ESTIMATED SIZE OF AUDIENCE: _____

TOPIC OF PROGRAM: _____

REQUESTED DAY: *check one*
 Wednesday Pre-Conference
 Thursday/Friday Regular Session

REQUESTED PROGRAM LENGTH: *check one*
Pre-Conference: 1/2 day (3 hours) full day,(6 hours)
Conference: Standard (~60 minutes) Extended (~2 hours)
exact program length will depend on conference schedule

LEARNING OBJECTIVES - At the conclusion of the program, participants will be able to:
REMEMBER – OBJECTIVES MUST BE MEASURABLE.

FORMAT (Structure of program, e.g. hands-on workshop, lecture with Q & A, panel, etc.)

SPEAKER(S)/PROGRAM COST –include honorarium and travel – if eligible:

PROGRAM PLANNER/CONTACT NAME, EMAIL, PHONE AND FAX:

ADDITIONAL COMMENTS:

SUBMIT FORM TO:
MLA OFFICES - 410-947-5089 (fax) or mia@mdlib.org
AND
Beth Kloetzer, DLA Conference Chair
Claymont Library, 400 Lenape Way, Claymont DE 19703
ekloetzer@nccde.org
Contact Conference Chair with any questions.

Form MUST be submitted no later than October 12, 2015
Programs submitted after that date risk not being included in the 2016 conference.