

**PROGRAM FINAL CHECKLIST
DELAWARE LIBRARY ASSOCIATION
CONFERENCE 2019**

Please return this form to the dla@lib.de.us, alison.wessel@state.de.us, and michelle.hughes@lib.de.us by January 25th

NAME OF PRESENTER: _____

Presenter's phone number: _____ Presenter's email: _____

TITLE OF PROGRAM: _____ **CODE:** _____

Travel Reimbursement Amount: (SHOULD BE THE SAME AS THE PRESENTER AGREEMENT FORM)
\$ _____

Honorarium approved by Conference Director: \$ _____
 SSN or EIN required if honorarium is over \$600.00 (**Check will not be issued without this information**)

Travel and Honorarium Total: \$ _____

Person responsible for picking up program packet: _____
(NOT THE PRESENTER)

Phone no: _____ Email: _____

Packets will be issued only to the designated person – Packets available in the MLA Office

Date hotel room needed (**1 night**): Tuesday, April 30 or Wednesday, May 1 or Thursday, May 2
(Speaker must make **own** arrangements for any additional nights unless approved by the Conference Director)

Speaker's meal selection (speaker gets **one** free meal for each presentation):

Wednesday, Preconference: Box Lunch Sandwich
____ Blackened Chicken
____ Sliced Roast Beef
____ Salad, Baby Kale, Chickpeas, Almonds, Onions, Dried Cranberries and Lemon Tahini Dressing
____ Vegan ____ Gluten Free ____ Kosher

Thursday Luncheon: Balsamic Glazed Breast of Chicken, au jus, Wild Rice and vegetable
____ Vegan ____ Vegetarian ____ Gluten Free ____ Kosher

Thursday Banquet: NY Striploin, Peppercorn Demi- Glace, Red Bliss Potatoes and Vegetable
____ Vegan ____ Vegetarian ____ Gluten Free ____ Kosher

Friday Lunch: Box Lunch Sandwich
____ Grilled Sweet & Sour Chicken wrap
____ Sliced Roast Beef wrap
____ Salad, Mixed Greens, Carrots, Cucumbers, Cherry Tomatoes,
Walnuts with Balsamic Vinaigrette
____ Vegan ____ Gluten Free ____ Kosher

DIETARY NEEDS: Other/Allergy _____

A/V needs confirmed with speaker and A/V Equipment Form **submitted**: Yes [] No []

Book titles and number to be ordered **submitted**: Yes [] No- no books ordered []

PROGRAM PLANNER: _____ **PROGRAM CODE:** _____

Planner's Phone No: _____ Planner's email: _____

PLEASE EMAIL dla@lib.de.us, alison.wessel@state.de.us, and michelle.hughes@lib.de.us with any questions