

Date Submitted: \_\_\_\_\_



902 Elmgrove Road, Rochester, NY 14624 | Phone: 585-247-6446 | [www.gateslibrary.org](http://www.gateslibrary.org)

## Program Application

Presenter's Name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Presenter Bio:

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Credentials/certification: \_\_\_\_\_

Target Audience: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Description: \_\_\_\_\_

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Preferred Date(s): \_\_\_\_\_

Length of program: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

**Technology Needs** (check all that you will need the library to provide)

Computer \_\_\_\_\_ Projector \_\_\_\_\_ HDMI cable \_\_\_\_\_ VGA cable \_\_\_\_\_

**Room Set Up:**

Chairs: \_\_\_\_\_ Tables: \_\_\_\_\_ Other: \_\_\_\_\_

Configuration: \_\_\_\_\_

\_\_\_\_\_

**Supplies/Materials You Will Provide:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cost of Program:** \_\_\_\_\_

Make check payable to: \_\_\_\_\_

**Audience/participant maximum:** \_\_\_\_\_ (Maximum seating capacity is 60)

**Additional Information:** \_\_\_\_\_

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Please attach any brochures and/or references you have and return this application to any service desk or email it to [Paula.Blackburn@libraryweb.org](mailto:Paula.Blackburn@libraryweb.org). You will be contacted if a librarian is interested in your program.

Thank you for your submission.

Sincerely,

Gates Public Library Program Team