

2. DESCRIBE HOW YOUR PROGRAM COMPLEMENTS THE LIBRARY COLLECTION, SERVICES, GOALS, AND INTERESTS OF THE COMMUNITY

3. PLEASE OUTLINE SPEAKER/PRESENTERS CREDENTIALS, EDUCATION OR EXPERIENCE (Attach resume, reference letters, or supporting documentation as applicable)

- I grant permission to HCPL to contact references or contacts provided for the purpose of confirming credentials, education or experience.

4. PREFERRED DATE(S), DAY(S) OF THE WEEK, AND/OR TIME(S)

For profit programs will **NOT** be considered for library co-sponsorship. If fees are collected for programs they will be with the intent of recovering Library funded material costs. The Library reserves the right to cancel programs for any reason, including when registration is less than ten individuals.

Please forward your complete program proposal to the Community Outreach/Inreach Coordinator kkrupicz@haldimandcounty.on.ca for consideration. Thank-you!