

PROGRAM SUGGESTION

Your Name: _____

Email: _____

Telephone: _____

Bio: Please attach a bio/resume/credentials

Is this program for:

Adults: _____ **Children** _____ **Young Adults** _____ **All Ages** _____

Name of Presenter: _____

Title of Program _____

Description of Program _____

Equipment Needed: _____

Is there a particular time of day or month that you were interested in?

Month _____ **Day** _____ **Time:** _____

Do you charge for the presentation? Yes ___ **Amount:** _____ **No** _____

Why do you want to present at the Kellogg-Hubbard Library?

**Please complete and return to KHL or send email to:
info@kellogghubbard.org**