



**LECTURE
NEW PROGRAM FORM**

Date: _____

LECTURER NAME: _____

TITLE OF TALK: _____

Please note that marketing of or sale of goods or services by a for-profit business is not permitted during programs or lectures sponsored by the Avalon Free Public Library.

PREFERRED LECTURE DATE(S): _____

PROGRAM STRUCTURE: _____

SPEAKER BIO: _____

AUDIENCE (i.e. adult, children, teen): _____

REQUESTED SPEAKING FEE \$ _____

PROGRAM DESCRIPTION:

TECHNICAL: Please specify all audio and video equipment you require for your program. The library will arrange set-up and testing time just prior to your program. Use of a microphone is required.

Laptop Computer	Yes _____	No _____
Projector	Yes _____	No _____
Audio Cable	Yes _____	No _____
CD Player	Yes _____	No _____

Liability Insurance Company, if applicable _____

CONTACT INFO FOR SPEAKER:

HOME PHONE: _____ CELL: _____

ADDRESS: _____

EMAIL: _____