

Deadline: **APRIL 1, 2002**

**MISSOURI LIBRARY ASSOCIATION**

**SPEAKER INFORMATION FORM**

**Speaker's Information**

Name _____
Address _____
Telephone _____ Fax _____ E-mail _____

**Program**

Title _____
Outline of presentation _____
_____
Target audience _____

**Preferred Day & Time**

**Program**

**Business Meeting**

Preferred Day & Time	Program	Business Meeting
1 <sup>st</sup> choice - Wednesday	AM	PM
2 <sup>nd</sup> choice - Thursday	AM	PM
3 <sup>rd</sup> choice - Friday	AM	PM

**Sponsoring MLA Unit: *to be filled out by unit representative***

MLA Unit _____
Program planner _____
Address _____
Telephone _____ Fax _____ E-mail _____

**Speaker's Expenses (estimated) *to be filled out by unit representative***

Honorarium _____	Travel _____	Hotel _____
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Please submit completed form by \_\_\_\_\_ to:

**Jean Ann McCartney, Executive Director**  
**Missouri Library Association**  
**1306 Business 63 South, Suite B**  
**Columbia, MO 65201**  
Telephone: 573-449-4627 Fax: 573-449-4655  
E-mail: jmccartn@mail.more.net