

Program Application Form

Contact Hours Awarded [ODL Staff Only]: _____

Complete form and **submit at least 6 weeks prior to program presentation.**

Email it to odl.education@libraries.ok.gov.

Organization Offering Program: _____

Program Contact Person: _____

Telephone: _____ E-mail: _____

Program Title: _____

Date of Program: _____ Time: _____ Instructional Hours: _____

Location (city and facility): _____

Target Group: _____

Charge per Participant: \$ _____

More on Back

Learning Objectives—at the end of the program, participants will be able to:

Subject Matter and Methods to be Used [if needed, attach an agenda or outline including specific times, topics, and methods]:

Instructional Staff [names and rationale for choice]:

Applicant Signature

Date Signed