

# West Virginia Library Association

Spring Fling

April 4 & 5, 2019

The Lakeview Golf Resort

One Lakeview Drive

Morgantown, WV 26508

## Session Proposal

You are invited to submit a session proposal for the 2019 WVLA Spring Fling; **Library Magic: Working Smarter, Not Harder**. We will contact you in February regarding your proposal. I am very grateful for your proposals and suggestions for other topics are welcome. Call me if you wish to talk in more detail. My contact information is below.

**Proposed Title for the Session:** \_\_\_\_\_

**Description of the Session:** (In the space below, please provide a 30-50 word description of the session, highlighting the program's appeal to WVLA Spring Fling attendees. If your program is chosen, this description will be edited and used in the conference program.)

**Intended Audience:** (Circle one)

Academic    Public    School    Special    Trustee/Friend    All

**Format of Program:** (Circle one)

Single speaker    Panel presentation    Demonstration

**Other** (please explain):

\_\_\_\_\_

**Circle any audiovisual/technology equipment needed for program:**

Projector    Screen    Speakers

Laptop (list software required): \_\_\_\_\_

Other: \_\_\_\_\_

**Expected fees:**

Mileage: \_\_\_\_\_ miles from \_\_\_\_\_ to Morgantown, WV

Normal program fee: \_\_\_\_\_

Other: (Please specify, i.e. travel expenses etc.)

\_\_\_\_\_

Please fill out the following contact information for all presenters. If necessary attach an additional page to complete your listing.

Title: \_\_\_\_\_ Name: \_\_\_\_\_  
WVLA affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you going to be one of the presenters? (Circle one) Yes No

**Your Contact Information**

Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Library or Affiliation: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone # (alternate): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you willing to be the host/contact for this session? (Circle one) Yes No

**Mail, Fax or Email this proposal to:**

Beth Anderson  
Burnsville Public Library  
PO Box 141  
235 Kanawha Avenue  
Burnsville, WV 26335

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E-mail: [beth.anderson@clark.lib.wv.us](mailto:beth.anderson@clark.lib.wv.us)

Deadline for Submission: Tuesday- January 15, 2019