



# PROGRAM PROPOSAL FORM

The mission of the Hawaii State Public Library System (HSPLS) is to provide Hawaii's residents, in all walks of life, and at each stage of their lives, with access to education, information, programs, and services, and to teach and nurture the love of reading and the habit of life-long learning.

CONTACT INFORMATION			
Name		Submittal Date	
Organization			
Mailing Address			
Phone		Email	
PROGRAM INFORMATION			
Presenter(s) Names(s)			
Program Title			
Type of Program (i.e. author talk, performance, informational seminar, craft demonstration, etc.)			
Program Description (3-5 sentences)			
Biography of speaker(s)			
Preferred Library Location(s)			
Available dates & times			
Length of Program		Target Audience	
Program Fee/Honoraria	<input type="checkbox"/> Free/No Charge <input type="checkbox"/> My/Our fee is \$ _____ per location		
Do you plan on selling program related items? (i.e. books, DVDs, compact discs, crafts, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Note: Employees of HSPLS must comply with the Hawaii Board of Education's Commercialism Policy and state ethic codes. Presenters are not allowed to solicit their products and services during the program. The sale of products must be arranged in advance with library staff and must be handled by a third party (i.e. local Friends member).</i>			
Will you or your group require special audio visual equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate equipment needs:			
Are there any facility/space requirements? (special flooring, need to darken room, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate:			
Do you have other program needs? (please specify):			
PROGRAM REFERENCES			
Have you or your group presented in a public library before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate location(s):			
Have you or your group presented in locations other than a public library? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate location(s):			
Do you have a press packet? <input type="checkbox"/> Yes (please provide with program proposal form) <input type="checkbox"/> No			
Is there a website with additional information? <input type="checkbox"/> Yes (http:// _____ ) <input type="checkbox"/> No			

Please attach additional descriptive information supporting your program request (i.e. slide handouts, brochures, news release, etc.). If possible, please also provide a letter of recommendation or reference.

Send completed application to:

By email: [Katherine.bengston@librarieshawaii.org](mailto:Katherine.bengston@librarieshawaii.org)

By postal mail:

Princeville Public Library  
ATTN: Branch Manager  
4343 Emmalani Dr.  
Princeville, HI 96722

Or drop off at the library check-out desk during operating hours.

Your Program Proposal Form is subject to verification and approval. You will be notified within four (4) weeks of receipt. If you have questions, call (808) 826-4310.