



## PROGRAM / EVENT PROPOSAL

Title of Proposed program or event		Proposed time(s) for event, day 1 Date:
Proposed Location for program or event		Time:
University Sponsor / Sponsoring Organization		Proposed time(s) for event, day 2 From: To:
Name of presenter (First) (M.I.) (Last)		Proposed time(s) for event, day 3 Date:
Address (Street, City, State, Zip)		Time:
Email	Phone	Fax
Briefly describe scope, content, and purpose of the program or event, include format, duration, intended audience, and number of attendees expected		
Describe any special needs event including storage, furniture, a/v. (Special requests for library assistance must be approved in advance of proposal.)		
Please list any associated events (either in library or elsewhere at UMKC or city) and/or promotional activities including website link(s) if available.		
<b>IMPORTANT INFORMATION</b>		<b>SUBMIT EXHIBIT FORM</b>
<ul style="list-style-type: none"> <li>UMKC Libraries cannot provide staffing for the program or event including set up, during, or clean up after.</li> <li>UMKC Libraries accept no responsibility for materials or equipment left in the library before, during, or after the program or event..</li> </ul>		Send completed and signed proposal to Mark Mattison, Advancement Director, UMKC Libraries, 5100 Rockhill Rd. MNL212, KCMO 64110 or email <a href="mailto:mattisonm@umkc.edu">pdf mattisonm@umkc.edu</a> . Please retain a copy for your records.
<b>PROPOSAL SUBMITTED BY</b>		
SIGNATURE:		DATE:
PRINT NAME:		
<b>THIS SECTION FOR LIBRARY USE ONLY</b>		
Approval by Authorized Library Representative		
SIGNATURE:		DATE:
PRINT NAME:		