

**PROGRAM FINAL CHECKLIST
MARYLAND LIBRARY ASSOCIATION
CONFERENCE 2011**

Please return this form to MLA Office by February 15

NAME OF PRESENTER: _____

Presenter's phone number: _____ Presenter's email: _____

NAME OF PROGRAM: _____

Travel Reimbursement Amount: \$ _____

Honorarium approved by Conference Director: \$ _____

Completed tax form if over \$700.00 (Attach. **Check will not be issued without this form**)

Travel and Honorarium Total: \$ _____

Person responsible for picking up program packet: _____

Phone no: _____ Email: _____

Packets will be issued only to the designated person – Packets available in the MLA Office

Date hotel room needed (**1 night**): Tuesday, May 3 Wednesday, May 4 **or** Thursday, May 5
(Speaker must make **own** arrangements for any other nights unless approved by the Conference Director)

Speaker's meal selection (speaker gets **one** free meal):

Wednesday, Preconference: Box Lunch Sandwich
_____ Ham _____ Vegetarian
_____ Kosher
_____ Turkey

Thursday Luncheon: _____ Vegetarian Lasagna
_____ Lemon Pepper Chicken
_____ Baked Salmon with Dill Champagne Sauce
_____ Kosher

Thursday Banquet: _____ Broiled Flounder with Meuniere Sauce
_____ Roast Top Round of Beef in a Sherry Mushroom Sauce
_____ Fettuccini with Red Marinara Sauce
_____ Kosher

Friday Luncheon: _____ Roast Breast of Turkey
_____ Seasonal Steamed Vegetables/Grilled Tomatoes
_____ Fettuccini with Vegetables, Shrimp & Scallops
_____ Kosher

A/V needs confirmed with speaker and A/V Equipment Form **submitted**: Yes [] No []

Book titles and number to be ordered **submitted**: Yes [] No []

PROGRAM PLANNER: _____ DIVISION/INTEREST GROUP: _____

Planner's Phone No: _____ Planner's email: _____

PLEASE CALL THE OFFICE IF YOU HAVE ANY QUESTIONS 410-947-5090
MLA: 1401 Hollins Street, Baltimore, MD 21223