## Request for Reconsideration of Library Program

Na	me: Date:		
Address:			
En	nail address and/or telephone:		
Do	you represent an organization or group? If so, please identify:		
Pr	ogram Information:		
Na	me of Program:		
Da	ite:		
	tended Audience: □All Ages □Adult □Teen □Children		
Bri	Brief description of program in your words:		
Fo	r all requests, please answer the questions below. You may use additional pages if you need more		
	space.		
1.	What brought this program to your attention?		
2.	If a recorded program or ongoing series, have you viewed or attended the program in question?		
	Or, have you attended another event with this presenter?		
3.	What do you believe to be the theme or purpose of this program?		

at least 14 days before the program in question.		
Ple	ease return the completed form to the Library Director's Office. This form must be submitted	
Sig	nature: Date:	
Fee	el free to make any additional comments	
7.	Please suggest alternative events, displays, or services that could provide similar information on this topic or support in this area to the community.	
6.	In what way could this program be of value?	
5.	What do you feel might be the result of this program being held?	
4.	Are you aware of judgments of this program or presenters by reviewers, critics, or other knowledgeable individuals or organizations? Please cite any specific evaluations of which you feel the library staff should be aware.	