



Please complete this form in its entirety by the date specified in the corresponding email and return to: Julie Sherwood, Email: jsherwood@wichita.gov, Fax: (316) 858-7427

Legal Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Email Address \_\_\_\_\_

Have you previously presented at the Wichita Public Library? YES NO

If yes, provide the title and date of your last presentation.

Title \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

*If this is your first potential presentation on behalf of the Wichita Public Library, please provide contact information for a minimum of two libraries or similar organizations that can speak to your presentation expertise.*

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*I certify that the information provided on this application is true to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_