

**APPLICATION TO ATTEND
THE ILLINOIS STATE LIBRARY'S
15TH ANNUAL SMALL PUBLIC LIBRARY MANAGEMENT ADVANCED INSTITUTE
JUNE 1-6, 2008**

NAME OF APPLICANT: MR. MS. _____

PRESENT POSITION: _____ NUMBER OF YEARS IN PRESENT POSITION: _____

NUMBER OF YEARS IN LIBRARY PROFESSION _____ WHAT YEAR DID YOU ATTEND SPLMI: _____

NAME OF LIBRARY: _____

COMPLETE LIBRARY ADDRESS: _____
(STREET ADDRESS) (P. O. BOX)

_____ (CITY) (ZIP+FOUR)

LIBRARY PHONE: _____ LIBRARY FAX: _____

PREFERRED E-MAIL ADDRESS: _____

REGIONAL LIBRARY SYSTEM: _____

POPULATION SERVED BY LIBRARY: _____ ANNUAL BUDGET: _____

TOTAL NUMBER OF STAFF IN LIBRARY: _____ DO YOU HAVE A LIBRARY DEGREE: YES NO

IF YES, PLEASE INDICATE TYPE OF DEGREE: _____

IF NO, PLEASE INDICATE TOTAL NUMBER OF CLASSES TAKEN:

_____ GRADUATE LEVEL LIBRARY COURSES _____ UNDERGRADUATE LEVEL LIBRARY COURSES

_____ JUNIOR COLLEGE LEVEL LIBRARY COURSES _____ LIBRARY SYSTEM WORKSHOPS

ARE THERE ANY ADDITIONAL FACTORS THE COMMITTEE SHOULD CONSIDER REGARDING THE APPLICATION?

APPLICATION IS DUE BY 5 pm Friday, MARCH 21, 2008 AT:

Ms. Mary Ellen McElligott,
Conference Services - SPLMI
University of Illinois-Springfield
One University Plaza, MS PAC 563
Springfield, IL 62703
FAX: 217-206-6511

PLEASE ONLY SUBMIT YOUR APPLICATION ONCE. IF FAXED, DO NOT MAIL.