

Utah Humanities Council
Library Discussion Program Request Form

Library or Group Name _____

Is this a private book group or a library-run program? _____

Note: Public libraries may use UHC materials free of charge for reading and discussion programs. If the library can provide an audience of 15 or more, they may request UHC funds for discussion leader honoraria and travel. UHC will charge \$25 per title (any number of copies) for private groups to use UHC's book library. If private groups wish to have a discussion leader, they are responsible for contacting and compensating him/her.

Street Address / PO Box _____ City, State, Zip _____

Phone _____ Fax _____ Email _____

Address where programs will take place, if different from above

Name of person who will coordinate reading and discussion programs

Signature of program coordinator _____

This person agrees to be responsible for arranging for a qualified discussion leader, distributing and collecting books, shipping them back to UHC, advertising the program to attract an audience (unless for a private group), crediting UHC at the program and in advertising, and completing a brief evaluation form after each program.

Fill out one section for each program (additional space on back)

Title #1 _____ Number of copies needed _____

Program date _____ Time _____

When do you wish to receive materials? ____/____/____

When will UHC receive the returned materials? ____/____/____

Discussion leader _____

Full Address _____

Telephone _____

Title/affiliation/qualifications _____

For Office Use Only:	
Req rec'd:	
UHC ID:	Circ ID:
RD#:	Calendar:
Visual:	Comp file:
Confirm:	Date Out:
pickup / UPS / USPS \$	_____
size	#
Div / GdSoc / GrwCm / CltOly	
Qty Rec'd	Date Rec'd

Has this person's participation been confirmed? Yes _____ No _____

***This form must be received by UHC at least one month before the first program.
Mail to Reading & Discussion, UHC, 202 West 300 North, SLC, UT 84103 or fax 801.531.7869***

Title #2 _____ Number of copies needed _____

Program date _____ Time _____

When do you wish to receive materials? ____/____/____

When will UHC receive the returned materials? ____/____/____

Discussion leader _____

Full Address _____

Telephone _____

Title/affiliation/qualifications _____

Has this person's participation been confirmed? Yes _____ No _____

For Office Use Only:	
Req rec'd:	
UHC ID:	Circ ID:
RD#:	Calendar:
Visual:	Comp file:
Confirm:	Date Out:
pickup / UPS / USPS \$	_____
size	#
Div / GdSoc / GrwCm / CltOly	
Qty Rec'd	Date Rec'd

Title #3 _____

Number of copies needed _____

Program date _____ Time _____

When do you wish to receive materials? ____/____/____

When will UHC receive the returned materials? ____/____/____

Discussion leader _____

Full Address _____

Telephone _____

Title/affiliation/qualifications _____

Has this person's participation been confirmed? Yes _____ No _____

For Office Use Only:	
Req rec'd:	
UHC ID:	Circ ID:
RD#:	Calendar:
Visual:	Comp file:
Confirm:	Date Out:
pickup / UPS / USPS \$	_____
size	#
Div / GdSoc / GrwCm / CltOly	
Qty Rec'd	Date Rec'd

Title #4 _____

Number of copies needed _____

Program date _____ Time _____

When do you wish to receive materials? ____/____/____

When will UHC receive the returned materials? ____/____/____

Discussion leader _____

Full Address _____

Telephone _____

Title/affiliation/qualifications _____

Has this person's participation been confirmed? Yes _____ No _____

For Office Use Only:	
Req rec'd:	
UHC ID:	Circ ID:
RD#:	Calendar:
Visual:	Comp file:
Confirm:	Date Out:
pickup / UPS / USPS \$	_____
size	#
Div / GdSoc / GrwCm / CltOly	
Qty Rec'd	Date Rec'd