



INDIANA LIBRARIAN CONFERENCE

State Form 54295 (R / 9-14)

**INDIANA STATE LIBRARY
CERTIFICATION PROGRAM CONSULTANT
STATEWIDE SERVICES**

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Indianapolis, IN 46204-2296

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INSTRUCTIONS:

1. Please type or print.
2. List sessions attended and speakers' names. Include your session synopses (or descriptions from the conference program) on an additional sheet.
3. Please review policies on Library Education Units (LEUs) for out-of-state conferences at <http://continuinged.isl.IN.gov/certification/policies-on-leus/>.
4. All records must include confirmation of conference registration and session synopses.

DO NOT MAIL THESE ITEMS TO Indiana State Library. Contact StatewideServices@library.IN.gov with questions about LEU eligibility of specific sessions or other concerns related to conference and events. Please retain these items for random LEU audit purposes.

NOTE: There is a maximum of eight (8) Library Education Units (LEUs) per day.

Name of Conference and Conference Provider		
Date(s) of conference (month, day, year)		Date(s) attended (month, day, year)
Location (City, State or Country)		Web address
List session information here. Use an additional sheet for session synopses.		
1.		14.
2.		15.
3.		16.
4.		17.
5.		18.
6.		19.
7.		20.
8.		21.
9.		22.
10.		23.
11.		24.
12.		25.
13.		26.
Printed name of individual requesting LEUs		Signature of individual requesting LEUs
Name of Library		Total LEUs Requested (General and Technology)
Address (number and street, city, state, and ZIP code)		Date (month, day, year)
Telephone number ()	E-mail address	Fax number ()