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| logo_forms | | Wisconsin Department of Public Instruction  **CONTINUING EDUCATION ACTIVITY REPORT**  PI-2453 (Rev. 09-11) | | | | **INSTRUCTIONS:** Complete and submit annually to your library system validator along with the Annual Summation of Continuing Education Activities, Form PI-2454. Refer to the *Certification Manual for Wisconsin Public Library Directors* for assistance. | | | | | | |
| Name *Last, First, Middle* | | | | | | | | | | |
| Mailing Address *Street / PO Box, City, State, ZIP* | | | | | | | | | | | |
|  | | | I. CONTINUING EDUCATION ACTIVITY DESCRIPTION | | | |  | | | |
| Title of Program  Promoting the Collection: Merchandising and More | | | | | | | | | | |
| Description of Program  Presented by Kathy Dempsey. Collections are the mainstays of libraries. After spending lots of money and time curating, processing, and making them available, you may think the work is done. But there’s one more vital step—promoting them! This webinar discussed content-driven marketing concepts as applied to library collections, with practical tips about publicizing the collection both inside and outside the library. Kathy discussed basic merchandising tips--from outside the building to specific displays. | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  11/3/2017 | | To *Mo./Day/Yr.*  11/3/2017 | Webinar | | | | | Technology *If any*  0.00 | | Total  1.5 |
| Provider *If applicable*  Indianhead Federated Library System, host | | | | | | | | | | |
| Category *Check one, attach written summary if applicable*  A. Credit Continuing Education *Attach formal documentation from the sponsoring agency.*  B. Noncredit Continuing Education  C. Self-directed Continuing Education | | | | | | | | | | |
|  | | | | II. SIGNATURE | |  | | | | | |
| **I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge. | | | | | | | | | | | |
| Signature of Participant  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr.* | | |