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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  An Introduction to Creating a Marketing Plan | | | | | | | | | | |
| Description of Program  A state-wide public library system marketing cohort has drafted a marketing plan template that any library of any size can model and adapt. Based on Kathy Dempsey's "Cycle of True Marketing," Jamie Matczak and Mark Ibach will walk through the marketing plan template that has been developed, answer questions, and seek feedback before the plan is officially presented to Wisconsin libraries.  This webinar will share:  • A customizable marketing framework that can be adapted to suit a library’s unique needs and community  • Sample marketing plan, budget, and calendar guides  • Links to resources that expand on the information presented | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  2/13/2020 | | To *Mo./Day/Yr.*  2/13/2020 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  WVLS, SCLS | | | | | | | | | | |
| 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.* | | |