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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  Get Back in Here! Promotional Ideas to Draw People Back in the Library | | | | | | | | | | |
| Description of Program  The number one question facing many libraries right now is: how long will it take us to rebuild use of our physical space and collections lost in the pandemic? One promotional message is not going to grab the attention of all your community members. In this session, you’ll learn to focus your energies on core audiences, including readers. Get actionable strategies for creating specific, targeted messages to re-energize those patrons. You’ll leave with a plan to use your core brand (books!) to draw people back to the library and get them to use other services.  Participants Will:  - Get actionable strategies for creating targeted messages  - Leave with a plan to use the library's core brand  - Re-shift their focus on library readers | | | | | | | | | | |
| Relationship of Program to Present Position or Career Advancement | | | | | | | | | | |
| Activity Dates | | | Location | | | | | Number of Contact Hours | | |
| From *Mo./Day/Yr.*  1/27/2022 | | To *Mo./Day/Yr.*  1/27/2022 | online | | | | | Technology *If any* | | Total  1.0 |
| Provider *If applicable*  Wisconsin Public Library Systems, DPI | | | | | | | | | | |
| 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.* | | |