Liaison Program Log Sheet - June 08

DATE OF ENTRY AND INTIALS OF INPUTTER	DATE OF INTERAC-TION (MM/DD/YYYY)	NAME OF PERSON OR GROUP WHICH INTERACTED WITH LIBRARY STAFF (Last name,first name)	LIB STAFF DOING INTERAC-TION (2 letter initials of person)	NATURE OF INTERACTION (Summarize the liaison interaction)	# TITLES SUGGESTED (if applicable)	FOLLOW UP	# TITLES BOUGHT