

PUBLIC LIBRARY FOR UNION COUNTY
255 Reitz Boulevard
Lewisburg, PA 17837

Application for Use of Meeting Room

Date of Application: _____
Name of Organization: _____
Name of Individual Filing Application: _____
Address: _____
Home Phone: _____
Business Phone: _____
Email Address: _____
Estimated Attendance for Use: _____
Date(s) to Reserve: _____
Set-Up Time _____ Program Starts @ _____ Program Ends @ _____
Name of Program: _____
Brief Description: _____

Room Requested:

- _____ Meeting Room A & B (100 Occupancy)
- _____ Meeting Room A (25 Occupancy)
- _____ Meeting Room B (75 Occupancy)
- _____ Conference Room C (4 Occupancy)
- _____ Children's Program Room D (100 Occupancy)

Equipment Requested:

*Indicates training required prior to meeting date

- | | |
|---|---|
| _____ Podium (A,B,D) | _____ Tables and Stacking Chairs (A,B,D) |
| _____ DVD/Computer Projector *(A) | _____ Cordless Microphone/Lapel* (A,B) |
| _____ Corded Microphone* (A,B) | _____ Hearing Impaired Ear-phones* (A,B) |
| _____ Laptop* (A,B,D) | _____ Kitchenette space (A,B,D) |
| _____ Whiteboard/Flip Chart Easel (A,B,D) | _____ Skype station/Exam Proctoring (Circle)(C) |

The undersigned after reviewing the meeting room policy, on behalf of the above organization, agrees to inform participants of all regulations governing the use of the meeting room, to accept full liability for any damage to facilities or equipment, and to confine the organization's activities to the assigned room.

Signature of Applicant _____
Approved by: _____