

MEETING ROOM PERMIT/INVOICE

Organization Name: _____

Contact/Person Responsible: _____

Address: _____

Email: _____

Phone: (Home) _____ (Work) _____ (Fax) _____

Date(s) Required: _____

Room Required: **Carnegie Room** **Board Room (seats 10)**

Time Required: _____ Estimated Attendance: _____

Regular Hours: Monday - Friday: 9 a.m. to 8:30 p.m. / Saturday 9 a.m. to 5 p.m.

NOTE: Please give yourself enough time to set up chairs and tables before your meeting, and to clean up afterward. We ask that the room be left as you found it.

Organization and Meeting Type:

NON-PROFIT		FOR PROFIT
Open to public	Meeting for members only	
Free admission	Admission charged	
Public information	Government service	
	Seminar/workshop	
	Business meeting	

Fee Per Hour

- Carnegie Room = \$0
- Board Room = \$0

Fee Per Hour

- Carnegie Room = \$25
- Board Room = \$20

Fee Per Hour

- Carnegie Room = \$50
- Board Room = \$25

MEETING ROOM PERMIT/INVOICE

Cancellations:

Cancellation of meetings should be made with as much advance notice as possible. Failure to notify the Library of cancellation may result in an organization being excluded from further scheduling at the Library. The Library reserves the right to reschedule or cancel meetings when necessary.

Room Rental Fees:

(hourly rate) _____ X (total hours) _____ X (days) _____ = \$ _____

Equipment Needed:

Digital Projector

Podium

Flipboard

Other Charges = \$ _____

TOTAL FEES = \$ _____

We certify that we have read and agree to observe the Library Meeting Room Regulations.

Date: _____

Name: _____

Signature: _____

Please sign and return this form with your payment for the full amount shown above.

Staff Use Only

Organization: _____

Date Taken: _____

Date Sent: _____

Date Paid: _____

Receipt # _____

Staff Initials: _____

Notes: _____

