

Alpena County George N. Fletcher Public Library
Meeting Space Rental Request

Group Name _____ Nonprofit Y/N Resident Y/N

Contact Person _____ Phone _____

Address _____ City _____ State _____ Zipcode _____

Email Address _____ Library Cardholder Y/N Card Number _____

Event Date _____ Event Start Time _____ End Time _____

Estimated Attendance _____

Event Type _____

Room Requested:

Judith A. Stillion Conference Room (Large Room)

Small Meeting Room

Please check any equipment requests:

- | | |
|---|---|
| <input type="checkbox"/> Projector- VGA only | <input type="checkbox"/> Logitech Laser Presenter |
| <input type="checkbox"/> DVD/CD Player (attached to the sound system in the Judith A. Stillion Conference Room only) | <input type="checkbox"/> Imation Wireless Projection Link- VGA only |
| <input type="checkbox"/> VCR | <input type="checkbox"/> Podium |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Wireless Microphone | <input type="checkbox"/> Teleconferencing |
| <input type="checkbox"/> Wireless Lapel Microphone | <input type="checkbox"/> Portable Sound System |
| <input type="checkbox"/> Wired Microphone (4 available-please specify the number needed in the "Other" section below) | <input type="checkbox"/> Wifi |

Other equipment requests _____

Acknowledgment of Library Policy:

- I acknowledge that I have received and read a copy of the Alpena County George N. Fletcher Public Library's Meeting Room Policy.
- I agree to abide by the library's non-discrimination policy and meet the Americans with Disabilities Act requirements.
- I agree to abide by the Library's publicity policy and not imply Library sponsorship of my event without the permission of the Library Director.
- I understand that the \$50 deposit will not be refunded if I fail to notify the conference room coordinator or Library Director of cancellation within 24 hours of my scheduled reservation, or if I do not appear for the reservation.
- I agree to pay an overuse fee if we do not leave reserved rooms by the Library closing or in time for the next scheduled use of the room, fail to leave any room in a clean, undamaged condition, or fail to leave the rooms in their original condition.

Signature _____ Date _____

Printed Name _____

Library Director/Assistant Director Initials _____ Date _____

Deposit received: _____

Fee Assessed for Room Use _____

Confirmed with Requestor (Staff Initials) _____ Date _____