



MEETING ROOM RESERVATION FORM

Organization: _____

Library Card # _____

Address: _____

Email Address _____

Preferred method of contact/confirmations (please circle) Phone Email

Phone Number: _____

Date(s) Requested _____

Meeting time: From: _____ To: _____

Room Requesting:

____ Conference Room (Seating capacity 18, Set-up A only)

____ The Lee Maternowski Meeting Room (Seating capacity 200)

Room Set-up: (see examples on back)

Set-up Style _____ # of Tables _____ # of Chairs _____

A) Conference Style B) Theater Style C) Classroom Style D) Hollow Square Style

Equipment available upon request:

____ LCD Projector ____ Microphone: wireless or standing ____ TV/DVD

____ Speaker Podium ____ Screen ____ Laptop

Will you be serving refreshments? (\$25 EACH meeting if serving refreshments)

____ Yes ____ No

Rooms will not be reserved until the meeting room application is completed and fees have been paid.

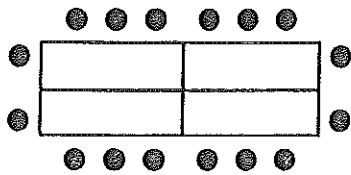
I agree that this is for a not-for-profit Elk Grove Village-based community group, and at least 50% of the group reside in Elk Grove Village. I have received a copy of the meeting room policy adopted by the Elk Grove Village Public Library Board of Trustees. The organization shall abide by said rules and regulations and shall indemnify and hold harmless the Elk Grove Village Public Library from any loss, cost, expense or damages occasioned by the use of the meeting room.

Name: _____

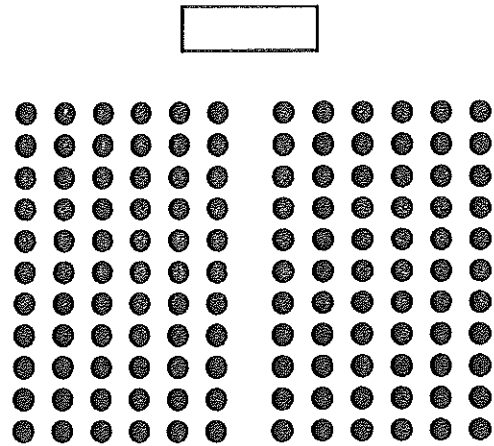
Date: _____

Signature: _____

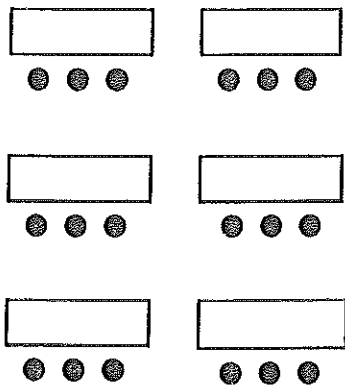
A. Conference Style



B. Theater Style



C. Classroom Style



D. Hollow Square Style

