

MAIN LIBRARY MEETING ROOM RESERVATION REQUEST

Room: _____

Date of Event: _____

Time Period: _____ to _____

Anticipated Attendance: _____

*Meeting rooms are available only during regular library hours

*Meetings must adjourn 30 minutes prior to closing.

Name of Individual or Organization: _____

Please check: Profit Org. Non-Profit Org.

Address: _____

Name of President/Chairperson: _____

Name & Phone Number of Contact Person: _____

Purpose of Meeting: **You must attach a detailed description** of your organization and a meeting agenda (if available), copies of any media releases or publicity regarding this meeting, and literature that will be distributed. If having a speaker, please give subject of speech.

Set-up for Francis Auditorium only: Standard set-up is 60 chairs Theater style with 2 tables. Custom set-up will be the group's responsibility. Furniture must be returned to its original place at the end of the meeting.

Audio/Visual Needs:

TV/VCR-DVD

Computer Cart (PC with DVD/CD/Internet and projector). (\$15.00 - See Additional Fees)

(Audio/visual equipment must be reserved and any applicable fees submitted at least 2 weeks prior to scheduled meeting).

Will any food be served? Yes No (\$30.00 - See Additional Fees)

What type? _____

Name of food service/caterer: _____

Additional fees:

- \$30.00 charge for events with food items other than packaged snacks including but not limited to catered, carry-out or delivery, or covered dish meals.
- \$15.00 per hour charge (2-hour minimum) for use of Computer Cart equipment. Library staff will set-up equipment and take-down after the meeting.
- Requests for Computer Cart equipment must be indicated on the Reservation Request Form. Groups using the Computer Cart equipment service must submit requests and applicable payment a minimum of 2 weeks prior to the scheduled meeting.
- **Applicable fees still apply to non-Library government agencies.**

I, the undersigned, being eighteen years of age or older, have read the meeting room policies and regulations and agree to comply therewith. I agree to be responsible to the Public Library of Charlotte & Mecklenburg County for the use and care of Library property and facilities. I understand my responsibilities as the undersigned include:

- *Payment in **Advance** of all applicable fees and completed Reservation Request form.*
- *Payment for any damages to Library property occurring during or in connection with the meeting.*
- *Enforcing the meeting room regulations.*
- *Setting up the room (if applicable), cleaning up at the conclusion of the meeting and returning the room to its original state.*
- **Seven-day cancellation notice is required in order to receive a refund.**

(Applicant's signature)

(Today's date)

Applicant N.C. Driver's License # or Federal I.D. # _____

PLEASE RETURN A.S.A.P. TO: Administration Office, 310 N. Tryon Street, Charlotte, NC 28202 or FAX: 704/416-0677

Do not send payment until you are advised that your meeting is approved.

For Office Use Only:

Approved: _____ Disapproved: _____

Debit/Credit: _____ Expiration Date: _____ CCV#: _____

Check #: _____ Cancellation Date: _____