

MEETING ROOM APPLICATION
Atlanta-Fulton Public Library System



GENERAL INFORMATION

Name of Group: _____

Contact Person: _____

Position: _____

Address: _____

City, State, Zip Code: _____

Phone: HOME: () _____ FAX: () _____

WORK: () _____

Library Card Number: _____

(The above numbers may be given to any person inquiring about this meeting.)

MEETING ROOM LOCATION

Library Location: _____

(Please indicate Central Library, Auburn Avenue, or name of branch library)

Room: _____

(For Central Library and Auburn Avenue, please request room: 2nd floor, 3rd floor, Pit Area, Auditorium, etc.)

REQUEST INFORMATION

DATE: _____ DAY: _____ TIME FROM: _____ TO: _____

DATE: _____ DAY: _____ TIME FROM: _____ TO: _____

DATE: _____ DAY: _____ TIME FROM: _____ TO: _____

DATE: _____ DAY: _____ TIME FROM: _____ TO: _____

DATE: _____ DAY: _____ TIME FROM: _____ TO: _____

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PURPOSE OF MEETING:

AUDIO-VISUAL EQUIPMENT REQUEST – CENTRAL LIBRARY ONLY

Audio-Visual equipment is available **only** at the Central Library. Groups may request the equipment by filling out the AV Equipment Reservation Form which is available in the Central Library Manager's Office.

Each group is responsible for arranging the room in the manner in which they find most appropriate for their meeting. Each group is also responsible for leaving the room in the manner in which it was found. I HAVE READ THE REGULATIONS GOVERNING USE OF THE MEETING ROOMS AND THE LIBRARY SYSTEM'S CODE OF CONDUCT AND AGREE TO ABIDE BY THE CONDITIONS SET FORTH. I UNDERSTAND AND AGREE THAT FEES FOR DAMAGE TO THE FACILITY WILL BE ASSESSED TO MY LIBRARY CARD RECORD. I ALSO UNDERSTAND THAT PERMISSION TO USE A LIBRARY MEETING ROOM DOES NOT IMPLY ENDORSEMENT OF THE AIMS, POLICIES, OR ACTIVITES OF ANY GROUP OR ORGANIZATION.

FOR STAFF USE ONLY

DATE REVIEWED: _____ ○ APPROVED ○ DENIED

APPROVED BY: _____

NOTES: _____