



# East Lansing Public Library Meeting Room Request Form

## CONTACT INFORMATION

Submit application with payment to ELPL attn: Meeting Room Coordinator; 950 Abbot Rd; East Lansing, MI 48823; fax: (517) 351-9536. Meeting Room policy at www.elpl.org. Additional questions? Call **351-2420** and ask for Meeting Room Coordinator.

**Date of Meeting:** \_\_\_\_\_ **Meeting/Group Name** \_\_\_\_\_

**Reserved:** From \_\_\_\_\_ to \_\_\_\_\_ **Actual Meeting Start Time:** \_\_\_\_\_ **Circle:** *Nonprofit or Other*

**Fees:** *Nonprofit:* Whole: \$12/hr; Half: \$7/hr *Other:* Whole: \$20/hr; Half: \$12/hr (Circle payment rate)

**Contact for attendee questions** (name, phone/email): \_\_\_\_\_

**Anticipated Attendance:** <10 \_\_\_\_\_ 10-30 \_\_\_\_\_ 30-50\* \_\_\_\_\_ 50-100\* \_\_\_\_\_ >100\* \_\_\_\_\_

\*Please make alternate parking arrangements for large groups as library parking is limited.

**Size of Room Needed:** Whole Room \_\_\_\_\_ Half Room \_\_\_\_\_ (**Circle:** *Kitchen Side / Screen Side*)

**Room Capacity: Whole:** 50 (classroom) - 100 (theater); **Half:** 24 (classroom) - 45 (theater)

### Available Equipment – Please check which items are needed for the meeting.

\* For these items, the screen side of the meeting room must be reserved.

\*\* Any group showing a DVD **must** reserve the **entire meeting room** due to speaker location.

Coffee Maker (30-58 cups)     Hot Water Pot     LCD Projector\*     Screen

Coffee Maker (120-36 cups)     Blackboard     Microphone\*     Podium

*Coffee not provided.*     Table Top Lectern     DVD Player\*\*     Easel

**Technology Support:** Groups must provide a qualified operator for any equipment used. The library can only provide limited technology support **with advance request** during the following hours:

**Monday, Tuesday, Wednesday:** 10am - 9pm; **Thursday:** 12 - 9pm; **Friday:** 10am - 6pm

**Yes, we need tech support.** *If an organization needs technology support outside of the hours listed it is the organization's responsibility to provide it.*

**Please provide a sketch of how the room is to be set up with tables and chairs in box below.**

For example: U-shaped, classroom, theater style, etc. Please be specific in your diagram for accurate set-up.

Kitchen
Screen

Note: Library staff cannot guarantee that the room will be set up exactly as requested. In case the room is set up incorrectly, staff is not available to alter room arrangements for evening and weekend meetings.

**I have read and agree to the meeting room policy (on website).** *I understand that I must report to the Circulation desk when my meeting is completed. I understand that I am responsible for the room and its contents.*

**Name:** \_\_\_\_\_ **Contact Info:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment info:** Check \_\_\_ Cash \_\_\_ CC \_\_\_ **Amount:** \_\_\_\_\_ **Received date:** \_\_\_\_\_

**Credit card number:** (if applicable) \_\_\_\_\_ **Expiration date:** \_\_\_\_\_