



## Florence-Lauderdale Public Library

# Meeting Room Application

All requests for use of meeting rooms are subject to approval by the Executive Director. Signed applications must be returned to the library. For more information, call (256) 764-6564 ext. 115 or email [meetingrooms@flpl.org](mailto:meetingrooms@flpl.org). In case of an emergency, use emergency exits either in the hallway or next to the Board Room.

### Applicant Information *Completion of application is required before selected space is approved and reserved.*

|        |                                 |
|--------|---------------------------------|
| Name:  | Alternate contact person:       |
| Phone: | Alternate contact phone number: |
| Email: | Alternate contact email:        |

### Meeting and Group Information

|                                                                                                                                                  |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Select Room:                                                                                                                                     | Board Room: <input type="checkbox"/> <ul style="list-style-type: none"><li>❖ Approximately 26' x 15'</li><li>❖ Furnished table and 14 matching chairs, additional chairs available</li><li>❖ Podium and projection equipment available*</li><li>❖ Access to kitchenette*</li></ul> | Conference Room: <input type="checkbox"/> <ul style="list-style-type: none"><li>❖ Approximately 34' x 24'</li><li>❖ Tables are available</li><li>❖ Will comfortably seat 65 theatre style</li><li>❖ Podium and projection equipment available*</li><li>❖ Access to kitchenette*</li></ul> | Reading Room: <input type="checkbox"/> <ul style="list-style-type: none"><li>❖ Approximately 54' x 19'</li><li>❖ Accommodates 25 or less</li><li>❖ Projection equipment and audio available*</li></ul> |
| Name of person or group requesting use of the meeting:                                                                                           |                                                                                                                                                                                                                                                                                    | Meeting start time(s):<br>AM / PM                                                                                                                                                                                                                                                         | Meeting end time(s):<br>AM / PM                                                                                                                                                                        |
| Meeting date(s). Please request at least 3 weeks in advance to ensure availability.                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
| Purpose of meeting:                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
| Will a fee or donation be requested from attendees? If so, explain the nature of the fee. Fees are subject to the Executive Director's approval. |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |
| Expected attendance:                                                                                                                             |                                                                                                                                                                                                                                                                                    | <b><u>*In case of a cancellation, call or email 24 hours prior to use of meeting room requested. Thank you for your cooperation.</u></b>                                                                                                                                                  |                                                                                                                                                                                                        |

### Equipment and Services Requested

\*Some equipment requires an additional fee to be paid at the time of application. Equipment availability is not guaranteed, though the library will make every effort to accommodate requests made on this form and to inform applicant of problems before the meeting day. Some equipment is not available in all rooms. Commercial and profit making organizations may be subject to a \$250 nonrefundable fee for a four hour meeting, and \$500 for an eight hour meeting (payable prior to meeting).

|                                                                                                                                                   |                                                                                         |                                                                                |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------|
| Audiovisual projection \$50 <input type="checkbox"/><br>(projector and screen, speaker system, teleconferencing equipment, and CD/Blu-ray player) | Kitchenette <input type="checkbox"/><br>(coffee maker, sink, dishwasher, and ice maker) | Wi-Fi Access <input type="checkbox"/><br>(Requires library card or guest pass) | Conference call phone<br><input type="checkbox"/> |
| Tables – specific number<br><input type="checkbox"/>                                                                                              | Chairs – specific numbers<br><input type="checkbox"/>                                   | Podium<br><input type="checkbox"/>                                             | Dry-erase board<br><input type="checkbox"/>       |
|                                                                                                                                                   |                                                                                         |                                                                                | Easel<br><input type="checkbox"/>                 |

|                      |       |                                                                                          |
|----------------------|-------|------------------------------------------------------------------------------------------|
| Applicant Signature: | Date: | Best form of contact:<br>Email: <input type="checkbox"/> Phone: <input type="checkbox"/> |
|----------------------|-------|------------------------------------------------------------------------------------------|

### To be completed by library staff

|             |      |            |              |           |          |
|-------------|------|------------|--------------|-----------|----------|
| Approved by | Date | Fee amount | Payment type | Date paid | Comments |
|-------------|------|------------|--------------|-----------|----------|

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