Skokie Public Library Application for Use of Book Discussion Room

Skokie Public Library is not a full-service conference center and is best suited for simple meetings that do not require audiovisual support or complex furniture arrangements.

Application must be submitted at least 10 days and no more than 90 days before your desired date. Room use requests often exceed availability, so do not notify members of your group or consider the room booked until you have received written confirmation.

| Date of meeting: | _ What time would yo | u like to arrive to pre | pare for the meetin | g? |
|--|--|---|--|-------------|
| Meeting start time: Me | eeting end time: | Estimated at | tendance: | (35 max.) |
| Organization name: | | | | |
| Purpose of meeting: | | | | |
| Place a check mark or "X" in front of equipment not listed here. | the equipment you ar | e requesting. The Lil | brary cannot provid | e any |
| Chairs (how many?) Furniture arrangement (check one): | Table(s) (lecture style (cl roundtable style other (attach sk | hairs in rows facing f e (tables in square w | | e) |
| TV set with video/DVD player Slide projector on cart Overhead projector on cart (fo Lectern with microphone Speaker Table | | teten to application, | | |
| Food Table Describe any food or beverages to b | e served. No supplies | are furnished. | | |
| A \$100 deposit is required 7 days be | efore the event if food | or beverages will be | served or AV equip | oment used. |
| I have read the Meeting Room Rules an Library equipment or facilities during scl Skokie Public Library and/or its trustees made or instituted against any of them a | neduled use of the meeti and staff from and again | ing room. I agree to inc nst any and all claims, | demnify and hold harr demands, or actions | mless the |
| Print name of contact person: | | | Date: | |
| (Inquiries from the Library or the pub | olic will be directed onl | y to one contact per | son.) | |
| Signature: | | _ Title: | | |
| Address: | | City: | Zip: | |
| Phone (daytime): | | . Fax: | | |
| Email: How would you like to be notified of Email Fax N | | m request (check one | e): | |

Submit form in person in Administration (9-5 weekdays), by fax (847-673-7797), or by mail to Skokie Public Library, 5215 Oakton St., Skokie, IL 60077.