Skokie Public Library

Application for Use of Business and Career Center

The Business and Career Center is a self-service suite of three rooms, available to individuals who have valid Skokie Public Library business library cards. The maximum capacity of the suite, as directed by the Skokie Fire Department, is 49 persons, including staff and presenters. In the large room, the tables and chairs are on wheels so they can be moved easily, and the AV equipment is simple and easy to use. Library staff will NOT be available to assist with room setup or AV operation at the time of your meeting; however, AV training is offered by individual appointments arranged at least 5 business days before your meeting so that you feel comfortable using the equipment.

Submit this application at least 10 days and no more than 90 days before your desired date. Room use requests often exceed availability, so do not consider the room booked until you have received written confirmation.

| Which room would you like t | o use? | | | |
|---|---|--|--|--------|
| □Program Room (up to 49 | people) | | | |
| □Committee Room (up to 1 | 6 people) | | | |
| □Conference Room (up to | 1 people) | | | |
| Date of meeting: | What time would y | you like to arrive | to prepare for the meeting? | |
| Meeting start time: | Meeting end time: | Estin | nated attendance: | |
| Organization name: | | | | |
| Skokie Public Library Busine | ess Library Card Number: _ | | | |
| Purpose of meeting: | | | | |
| Is there a fee for people atte | nding this meeting? | lf yes, dollar amo | unt: | |
| to Library equipment or facilitie | s during scheduled use of the trustees and staff from and ag | meeting room. I agi gainst any and all cl | y them and to be responsible for oree to indemnify and hold harmles laims, demands, or actions that me premises. | ss the |
| Print name of contact person (Inquiries from the Library or | n: the public will be directed o | only to one contac | Date: ct person.) | |
| Signature: | | Title: | | |
| Address: | | City: | Zip: | |
| Phone (daytime): | | Fax: | | |
| Email: | | | | |
| How would you like to be no | tified of the status of your ro | om request (che | ck one): | |
| Email Fax | Mail | | | |