

# Skokie Public Library

## Application for Use of Radmacher Meeting Room

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

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

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Date of meeting: \_\_\_\_\_ What time would you like to arrive to prepare for the meeting? \_\_\_\_\_

Meeting start time: \_\_\_\_\_ Meeting end time: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_ (95 max.)

Organization name: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Place a check mark or "X" in front of the equipment you are requesting. The Library cannot provide any equipment not listed here.

Chairs (how many? \_\_\_\_\_)       Table(s) (how many? \_\_\_\_\_ )  
Furniture arrangement (check one):  lecture style (chairs in rows facing front)  
    roundtable style (tables in square with chairs on outside)  
    other (attach sketch to application)  
 Projection screen (Library does NOT provide a computer or access to the built-in projector)  
 Lectern with microphone  
 Speaker Table(s) (circle: 1 or 2)  
 Food Table(s) (circle: 1 or 2)

Describe below any food or beverages to be served. No supplies are furnished.

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A \$100 deposit is due 7 days before the event if food or beverages will be served.

I have read the Meeting Room Rules and Procedures, and I agree to abide by them and to be responsible for damages to library equipment or facilities during scheduled use of the meeting room. I agree to indemnify and hold harmless the Skokie Public Library and/or its trustees and staff from and against any and all claims, demands, or actions that may be made or instituted against any of them arising out of the occupancy or use of the premises.

Print name of contact person: \_\_\_\_\_ Date: \_\_\_\_\_  
(Inquiries from the Library or the public will be directed only to one contact person.)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

How would you like to be notified of the status of your room request (check one):

Email       Fax       Mail

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.