## **Application for Use of Fargo Public Library Meeting Room**

Select Location:				
Main Library 101 4th Street North Community Room seats 90 Conference Room (x2) seats up to 20		Carlson Library 2801 32 <sup>nd</sup> Avenue South Community Room seats 70 Conference Room seats 15	Northport Library 2714 North Broadway Community Room seats 50	
Type/Nature of	Event			
Meeting Date(s):				
Time requested:		•(Please include time for set up and tear down)		
Attendance expected:				
Name of person	booking room:			
Organization:				
Address of perso	on or organization:			
Phone:	E	mail:		
For-Proficity of Fagroups; s  Conference Roo Advance Walk In -  Equipment - \$2  Laptop Projector TV (not a Wireless	t Organization – \$100 rgo; Fargo Senior Pro tudent groups; nonp om (Small Rooms - ava booking – No fee - No fee  O fee per booking per r (not available in all I vailable in all location Microphone (Large ro	ograms; Fargo Public Libra profit groups and individua ailable at Main and Carlson day (Not available for Walk ocations) ns)	ry-affiliated groups; book als – No Fee n only)	
By submitting th	nis form I agree that I	have read and agree to al	pide by the Meeting Room Policy.	
I agree to use th	e room only for the p	ourposes of the above orgo	nization and with the stated	
date, hours, and	l attendance. Failure	to abide by this agreemen	t may result in the suspension of	
meeting room p	rivileges.			
Signature		Date submitted:		

## -Main Library Community Room Use Only-

## Room set up to be completed by organizer at Carlson and Northport locations.

Please make your selection by checking the box next to your choice

Standard configuration 1 Table, 60 Chairs	Luncheon
XX  XXXXXX XXXXXX  XXXXXX XXXXXX  XXXXXX	X
Classroom  X X X X X X X X X X X X X X X X X X X	Open Cube  XXXXXXXX  X  X  X  XXXXXXXX
Closed Cube  X X X X X X  X X X X X  X X X X X X  X X X X X X X	Custom Configuration Please draw what you would like