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 nd Avenue South Community Room seats 70 Conference Room seats 15	Northport Library 2714 North Broadway Community Room seats 50
Type/Nature of Even	ıt		
Meeting Date(s):			
Time requested:		•(Please include time for set up and tear down)	
Attendance expected	d:		
Name of person bool	king room:		
Organization:			
Address of person or	organization:		
Phone:	Em	nail:	
For-Profit Org City of Fargo; groups; stude Conference Room (S Advance boo Walk In – No Equipment – \$20 fee Laptop Projector (not	ganization – \$100 p Fargo Senior Prog ent groups; nonpro small Rooms - avai king – No fee fee	rams; Fargo Public Libra ofit groups and individual lable at Main and Carlso ay (Not available for Wall cations)	ry-affiliated groups; book als – No Fee n only)
By submitting this fo	rm I agree that <i>I h</i>	ave read and agree to al	pide by the Meeting Room Policy.
I agree to use the roo	om only for the pu	rposes of the above orgo	nization and with the stated
date, hours, and atte	endance. Failure to	o abide by this agreemen	t may result in the suspension of
meeting room privile	ges.		
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 X X X X X X X X X X X
Closed Cube 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