Application for Use of Community or Conference Room Carlson Library

Maximum capacities: Community Room: 70, Conference Room: 15

Meeting date:	
Time requested: to	(Please include time for set up and tear down)
Attendance expected:	
Booking organization:	
Organization address:	
Contact person:	
Contact person's daytime phone: _	Cell phone:
Email:	Fax:

Community Room Fees

Add-on items:

Laptop use: \$20 Integrated audio/visual system with microphone: \$30

Check one:

For-profit or Nonresident Nonprofit Groups or Individuals

Base Fee: \$100 per 4 hours

Fargo/Moorhead Cass County Based Nonprofit Groups or Individuals Base Fee: \$50 per 4 hours

Community Book Groups

Base Fee: Free per 4 hours

City of Fargo; Fargo Senior Programs; Library or Library-Affiliated groups

Base Fee: Free, no charge for use of add on items.Please mark which items are needed:LaptopProjectorMicrophone

Conference Room Fees

Add-on items: Laptop use with portable LCD projector/screen: \$20

Check one:

Advance Bookings For-profit Groups or Individuals Base Fee: \$25 per 4 hours

Advance Bookings Nonprofit Groups

Base Fee: Free per 4 hours

Community Book Groups

Base Fee: Free per 4 hours

City of Fargo; Fargo Senior Programs; Library or Library-Affiliated Groups

Base Fee: Free, no charge for use of add on items.Please mark which items are needed:LaptopPortable projector/screen

All equipment fees are refundable if a meeting is cancelled 24 hours in advance or cancelled by the library.

*I have read and agree to abide by the Meeting Room Policy. I agree to use the room only for the purposes of the above organization and with the stated date, hours, and attendance. Failure to abide by this agreement may result in the suspension of meeting room privileges.*Signature:______Date:_____

All fees must be received before booking will be confirmed. Please make checks or money orders payable to the Fargo Public Library.

Mail or bring this form to the **Dr. James Carlson Library, 2801 32 Ave S, Fargo ND 58103 Attn: Branch Manager** or email it to **LWest@cityoffargo.com**