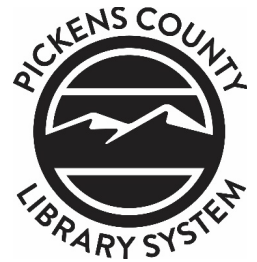


Meeting/Conference Room Application



Organization: _____ Date(s): _____

Purpose of Meeting: _____ Estimated Attendance: _____

Reserved beginning time (include set-up): _____ Reserved ending time (include clean-up): _____

Meetings must start after the library opens and end 30 minutes before it closes. The library provides some equipment for meetings; however, we do not set up or clean-up for meetings. Due to fire regulations, seating capacity must be enforced. When completed, please submit this form to the appropriate branch.

Branch Location and Room Size:

- | | |
|--|---|
| <input type="checkbox"/> Hampton Memorial Library
304 Biltmore Road
Easley, SC 29640
850-7077 fax: 850-7088 | <input type="checkbox"/> Meeting room - seats 50
<input type="checkbox"/> Conference room - seats 12
<input type="checkbox"/> Large study room - seats 6
<input type="checkbox"/> Small study room - seats 4 |
| <input type="checkbox"/> Central-Clemson Library
105 Commons Way
Central, SC 29630
639-2711 fax: 639-6643 | <input type="checkbox"/> Meeting room - seats 50
<input type="checkbox"/> Conference room - seats 8 |
| <input type="checkbox"/> Village Library
124 N. Catherine Street
Pickens, SC 29671
898-5747 fax: 898-5750 | <input type="checkbox"/> Meeting room - seats 30
<input type="checkbox"/> Conference room - seats 12 |
| <input type="checkbox"/> Sarlin Library
15 S. Palmetto Street
Liberty, SC 29657
843-5805 fax: 843-5806 | <input type="checkbox"/> Meeting room - seats 25
<input type="checkbox"/> Conference room - seats 6 |

Equipment Needed:

- Laptop
- DVD Player
- Projector
- Podium
- Easel
- Table(s) # required
- Chair(s) # required
- Kitchen facilities
(no kitchen available in Pickens)

I have read and understand the Library's Meeting Room Policy. On behalf of my organization, we agree to comply.

Signature of individual making application _____

Name: _____ Library Card # _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Work: _____ Mobile: _____

Email: _____

Alternate Contact Person: _____ Phone: _____

Email: _____

For Office Use Only: Today's date _____ Time _____ Staff who received application _____

Library Card in Good Standing Yes No Approved Yes No Confirmed _____