

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