

Kelley Library
234 Main Street
Salem, NH 03079
603-898-7064

**MEETING ROOMS
APPLICATION FOR ROOM USE**

Name: _____ Date: _____

Participating Group/Organization/Club: _____

Address: _____

Phone: Home: _____ Work: _____

E-mail address: _____ Best time to call: _____ AM _____ PM

Name, Address and phone of Salem sponsor (if different from above):

Date of Meeting: _____ Time and Duration of Meeting: _____ Will this be a Recurring Meeting? Y N

If yes, please identify the dates for the next:

6 month cycle: _____

3 month cycle: _____

I would prefer to reserve one at a time _____

Please check the room to reserve: _____ Beshara Room (25 capacity) _____ Lancaster Room (25 capacity)
_____ Conference Room (8 capacity)

Specify Room Arrangement (Beshara and Lancaster only): _____ Single table area _____ Speaker/audience
_____ Several Tables with chairs (specify number of tables) _____
_____ Auditorium style facing screen

Equipment needed: _____ DVD and projector _____ Computer and projector _____ Projector (for personal laptop)
_____ VHS and TV

I have read the Meeting Room Policy, the Program Policy, and the Rules for Use of Meeting Room and understand them. With this signature I am verifying that my organization/group/club will abide by all.

Name (Please Print): _____ Date: _____

Signature: _____