## **KELLEY LIBRARY**

## MEETING ROOMS REQUEST FOR ROOM USE

Participating Group/Organization/Club:	
Contact Name:	Date:
Kelley or GMILCS member Library Card Number:	
Group/Organization/Club Address:	
Group/Organization/Club E-mail address:	
Group/Organization/Club Website:	
Name, address, phone, email and library card number of Salem sponsor (if dif	fferent from above contact):
Date of Meeting: Start Time: Total Time Nee	eded:
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	5 capacity) Conference Room (8 capacity)
Multiple tables and chairs are available for use in the Beshara Room. These can the conclusion of the meeting. The Breen Conference Room has the appropria eight (8) people. This space cannot be changed. Equipment is only available for	te number of tables and chairs for its max capacity of
Equipment needed: DVD/Blu-ray and projector Computer an	nd projector Projector (for personal laptop)
I have read the Meeting Room Policy and understand it. With this signature I a abide by all policies, rules, and regulations.	m verifying that my organization/group/club will
Name (Please Print):	Date:
Signature:Questions? Email <u>nducharme@kelleylibrary.org</u>	for forth and information
Questions? Email nducharme@kelleylibrary.org	tor turtner information