

William E. Anderson Library of Penn Hills

MEETING ROOM APPLICATION

Title of program or event _____

Please describe the program, its purpose, intended audience, any materials fees, etc.
 (Attach an additional sheet, if necessary.) _____

Speaker/leader's name _____

Speaker/leader's background and credentials _____

Name of Organization _____

Contact person for organization _____

Address of contact person _____

Phone # _____ Best time of day to call _____

Estimated Number of Attendance _____ Meeting room(s) requested _____
(Subject to availability)

Is the program/event free? _____ Is it open to the public? _____

Date(s) of program/event _____ Time(s) _____

Do you intend to serve refreshments? _____ Do you want access to the kitchenette? _____

Do you need audiovisual equipment? _____ If so, please list. _____

I have studied the Meeting Room Policy and Regulations and agree to comply with them.
 I will assume responsibility for room set up and any damages and
 I will leave the room(s) in a neat and orderly condition.

Signature of applicant _____ Date _____

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For Office Use Only

| | Amount | Date | Cash | Check | Check # |
|-------------------------------------|--------|-------|-------|-------|---------|
| Room Fee Received | _____ | _____ | _____ | _____ | _____ |
| Deposit Received | _____ | _____ | _____ | _____ | _____ |
| Cleaning/Damage Fee Assessed | _____ | _____ | _____ | _____ | _____ |
| Deposit Returned | _____ | _____ | _____ | _____ | _____ |