

Meeting Room Request Form

Butler Public Library

Presenter's Name: _____ Today's Date: _____

Presenter's Phone Number(s): _____

Presenter's Business Address: _____

Presenter's E-mail Address: _____

Title of Presentation: _____

Date of Presentation: _____ Time of Presentation: _____

Number of People Attending: _____ Proof of Insurance (Received by): _____

What is the room being used for and by whom: _____

Staff Member Name (Received by): _____ Approved by: (Signature) _____

Please check needed items

- | | | |
|----------------------------------|---|---|
| Podium <input type="checkbox"/> | Number of Chairs (Max. 29) <input type="text"/> | Extension Cord <input type="checkbox"/> |
| Screen <input type="checkbox"/> | Card Table <input type="checkbox"/> | Digital Projector <input type="checkbox"/> |
| Lap Top <input type="checkbox"/> | 6X2½X29" Table (1 available) <input type="checkbox"/> | 70" Flat Screen TV <input type="checkbox"/> |
| | 6X2½X26" Table (3 available) <input type="checkbox"/> | |

Please indicate how you need the room configured and the equipment you will need (ex. Table & Chair set ups)

