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  □  Number of Chairs (Max. 29) □  Extension Cord  □
Screen  □  Card Table  □  Digital Projector  □
Lap Top  □  6X2½X29” Table (1 available)  □  70” Flat Screen TV  □

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