

PROGRAM DATE: \_\_\_\_\_ PROGRAM TIME \_\_\_\_\_ ROOM SELECTED \_\_\_\_\_

## APPLICATION FOR USE OF MEETING ROOMS AT BURROUGHS-SADEN LIBRARY

The meeting rooms and lobby tables are available during regularly scheduled Library hours and must be vacated fifteen (15) minutes prior to closing time. Light refreshments may be served. There are no kitchen facilities available at this site. Groups are responsible for setting up and cleaning up after their event/program is over.

This form must be completed and returned to the Library prior to using the meeting rooms or lobby tables.

An organizer of the event **MUST** check in at the second floor Reference Desk prior to starting the program to obtain needed equipment and gain entry to the meeting space, and room use data **MUST** be submitted to the second floor Reference Desk upon completion of the program.

### MEETING INFORMATION

PROGRAM/MEETING DATE AND TIME (start and end time): \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_

PURPOSE OF EVENT: \_\_\_\_\_

PLEASE SELECT ONE OF THE FOLLOWING LOCATIONS:

<u>Room Location</u>	<u>Room Capacity</u>
_____ Floor meeting Room (large)	seventy (70) people
_____ 1 <sup>st</sup> floor meeting room (small)	twenty (20) people
_____ 3rd Floor meeting Room	thirty (30) people
_____ Lobby table	N/A

PLEASE INDICATE EQUIPMENT NEEDED FOR YOUR MEETING/EVENT:  
NUMBER OF CHAIRS \_\_\_\_\_ NUMBER OF TABLES \_\_\_\_\_  
55" SMART SCREEN \_\_\_\_\_ LAPTOP \_\_\_\_\_ MICROPHONE & PODIUM \_\_\_\_\_ SPEAKER \_\_\_\_\_

### CONTACT INFORMATION:

NAME OF ORGANIZATION: \_\_\_\_\_

PERSON RESPONSIBLE FOR THIS PROGRAM/EVENT: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

The person signing this form must be in attendance at the event, has read, understands and is responsible for the observance of the Meeting Room Use Policies attached. Violation of meeting room policies can result in termination of the meeting. This form must be completed and signed prior to the program.

Your Signature Date: \_\_\_\_\_

Library Signature Date: \_\_\_\_\_

Bridgeport Public Library  
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[burroughsref@bridgeportpubliclibrary.org](mailto:burroughsref@bridgeportpubliclibrary.org)

203-576-7400