

LAFAYETTE PUBLIC LIBRARY Meeting Room Request

ORGANIZATION INFO

Name of organization:				
Type of organization: \square non-profit \square for-profit \square government \square educational \square other:				
Your name: Library Card Number:				
Address:				
Telephone: Email:				_
EVENT INFO				
Date:Tin	ne Entering Room:	Time Ex	iting Room:	Expected Attendance:
Purpose of event:				
Is media coverage expected? No Yes (If yes, explain):				
Technology needs: \square screen/projector \square laptop \square microphone \square other:				
Room Setup: Classroom (tables and chairs) Theater (chairs) Square U-Shaped other:				
AGREEMENT OF MEETING ROOM GUIDELINES				
Please read Lafayette Public Library's Meeting Room Guidelines at <u>lafayettepubliclibrary.org/policy</u> , then sign below.				
I agree to follow the rules and procedures stated in Lafayette Public Library's Meeting Room Guidelines.				
Signature of Authorized Representative			 Date	
☐ I give permission for the library staff to post directional signs to my event if necessary.				
RETURN THIS FORM TO THE APPLICABLE LIBRARY LOCATION:				
Main Library Email: IpImeetings.ma Fax:337-706-8287	in@lafayettepubliclibrary.org		South Regional Lil Email: IpImeetings Fax:337-456-7919	s.srl@lafayettepubliclibrary.org
East Regional Library Email: lplmeetings.erl@lafayettepubliclibrary.org Fax:337-445-3170			North Regional Library Email: p meetings.nr @ afayettepubliclibrary.org Fax:337-886-6619	
West Regional Library Email: IpImeetings.wrl Fax:337-456-9028	, @lafayettepubliclibrary.org			
[Office use only] Revie	wed by:		Date:	Notified: