



Meeting Room Application Form

Name of Organization _____

Type of Organization _____

Contact Person _____ E-mail Address _____

Telephone Number(s) H _____ W _____ C _____

Address _____

Meeting Date _____ Meeting Time _____

Size of Audience _____

Special Accommodations _____

Type of Program/Purpose of Meeting

Please call the library as soon as possible if you need to cancel a meeting.

Use of all devices must be in accordance with the libraries' Internet Acceptable Use Policy (full text available at www.nccdelib.org on our "Policies & Forms" page).

As a representative of the above organization, I have read the regulations governing the use of the meeting rooms and agree to abide by them.

Signature _____ Date _____

Approved _____ Date _____

