



MEETING ROOM APPLICATION

Apply at the Central Library Administrative Office, fax 515.237.1654,
or e-mail application to dfalbright@dmpl.org

Date of meeting: _____ Arrival Time: _____ Departure Time: _____

Name of organization: _____

Does this organization have tax exempt or non-profit status? yes no
If yes, attach a letter of exemption to this application.

Is this meeting open to the public? yes no

Purpose of meeting: _____ Number attending: _____

Application made by: _____ Office or relationship to organization: _____

Address: _____ Telephone No: _____ Cell Phone: _____

E-mail address: _____

◦ All catering must be handled by the library's contracted caterer, Embassy Club.

Do you plan to cater your event? yes no

Please Circle which approved caterer you'll be using: **BARATTA'S** or **EMBASSY CLUB**

◦ Room arrangement (\$25, \$50, or \$75 for 1, 2, or 3 meeting rooms):

- Theater style-**NO CHARGE** Amphitheater Banquet (round tables)
- Conference (rows of rectangular tables) Reception (custom)

◦ Do you want darkening shades drawn over the windows? yes no

◦ Maximum number of chairs (not more than 300): _____

◦ NOTES: _____

- I do not require any a/v equipment
- Podium (with microphone) Stage \$100 Wireless lapel mic \$10
- Digital projector and screen \$20 Wireless handheld mic \$10 Television \$10
- I need to schedule an appointment for training on how to operate the audiovisual system \$50 per hour
(minimum 1 hour)

◦ Library equipment may be used only during regular library hours.

Please initial: All events must end by 11:00 PM weeknights, 12:00 AM weekends with no exceptions.

Please initial: I hereby acknowledge that I have read and agree to follow the guidelines as listed in the
Central Library Facilities and Meeting Room User Information.

Please initial: The library parking garage has a two-hour time limit and is never open before or after library hours.
I acknowledge that it is my responsibility to inform meeting attendees of their parking options during their meeting.

Client Signature _____ Date _____

For Office Use Only

AMOUNT PAID:

AMOUNT DUE: