



# CONFERENCE ROOM APPLICATION

Apply at the Central Library Administrative Office, fax 515-237-1654, or e-mail application to LIB-Office@dmpl.org.

Date of Application: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Does this organization have 501(c)3 status?  yes  no If yes, attach a letter of exemption to this application.

Is this meeting open to the public?  yes  no How many attendees are expected? \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Application made by: \_\_\_\_\_

Office or relationship to organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Other information about the Conference Rooms

• Catering is only available in the first floor conference room. Call the library's business office at 515-283-4152 ext 4 for more information about catering.

• *Conference Rooms are available only during library hours.*

Monday:	9:00 AM – 8:00 PM
Tuesday:	9:00 AM – 8:00 PM
Wednesday:	9:00 AM – 8:00 PM
Thursday:	9:00 AM – 8:00 PM
Friday:	9:00 AM – 6:00 PM
Saturday:	9:00 AM – 5:00 PM
Sunday:	1:00 PM – 5:00 PM

Misrepresentation of the above data or failure to abide by the rules established will be cause for denial of further use of the meeting room.

Please initial: I hereby acknowledge that I have read and agree to follow the Policies and Procedures of the Des Moines Public Library for events held there.

Please initial: I have read and agree to abide by the above.

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: