KELLEY LIBRARY

MEETING ROOMS REQUEST FOR ROOM USE

Participating Group/Organization/Club:	
Contact Name:	Date:
Kelley or GMILCS member Library Card Number:	
Group/Organization/Club Address:	
Group/Organization/Club E-mail address:	
Group/Organization/Club Website:	
Name, address, phone, email and library card number of Salem spons	
Date of Meeting: Start Time: Total T	
Will this be a recurring meeting? Y N	
f yes, please identify the dates for the next:	
6 month cycle:	
3 month cycle:	
I would prefer to reserve one at a time	
Please check the room to reserve: Beshara R	oom (25 capacity) Conference Room (8 capacity)
Multiple tables and chairs are available for use in the Beshara Room. The conclusion of the meeting. The Breen Conference Room has the ageight (8) people. This space cannot be changed. Equipment is only avail	ppropriate number of tables and chairs for its max capacity of
Equipment needed: DVD/Blu-ray and projector Comp	outer and projector Projector (for personal laptop)
have read the Meeting Room Policy and understand it. With this signable by all policies, rules, and regulations.	ature I am verifying that my organization/group/club will
Name (Please Print):	Date:
Signature:	

Questions? Email lstevens@kelleylibrary.org for further information