

Meeting Room Reservation

Please fill in *all* information:

Name of organization: _____

Contact name: _____

Home phone: _____

Work phone: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail address: _____

Organization Web site: _____

Can the library release the contact person's name and number to the public? _____

What is the purpose or mission of your organization?

Requested meeting day/date: _____

Requested meeting time: _____

Meeting Room:

(*numbers refer to seating capacity*) ___ East Wing (40) ___ Music/Art/Media (15)
 ___ Hunt Room (20) ___ Theater (70)

Equipment ___ VCR/Monitor ___ Overhead projector
 ___ Slide projector ___ Lectern
 ___ Whiteboard
 ___ Tables/chairs (How many? ___ tables ___ chairs)

Have you read and do you agree to abide by the policies stated in "Regulations Pertaining to the Use of Library Meeting Rooms by Outside Groups"? _____

Please return this form to:

Carol Luers Eyman, Community Services Coordinator, Nashua Public Library, 2 Court Street,
Nashua, NH 03060 Fax: 603-594-3457 E-mail: carol.eyman@nashualibrary.org
Voice: 603-589-4610