



AUDIOVISUAL USAGE AGREEMENT

Today's Date

Any guest-group wishing to use audiovisual equipment will be instructed in its use by the Adult Services Department. Tentative bookings of equipment will be made at time of application. **Final confirmation will be made when the individual named below contacts the Adult Services Department for instruction (281-633-5100).**

Name of organization _____

Name of member using equipment _____

Name of contact person (if different) _____

Phone _____ Mobile _____

E-mail _____

Meeting date _____ Meeting time _____

Number of people anticipated at meeting _____

ROOM AND EQUIPMENT (Please check the room you wish to reserve and check all listed equipment you will need in the room)

Meeting Room 1

Meeting Room 2

Conference Room 1

Conference Room 2

- ___ Laptop (separate form)
- ___ Video projector
- ___ Overhead Projector w/cart
- ___ Document Camera w/ cart (opt)
- ___ Screen
- ___ Computer access for laptop
- ___ Computer presenter's cart
- ___ Blu-ray DVD player
- ___ CD player
- ___ MP3 Player
- ___ MP3 Player Plug-in
- ___ Lectern
- ___ Whiteboard (bring your own markers/eraser)
- ___ Microphone(s)
(If you need microphone(s),
please fill out the form on
the back of this page.)

- ___ Laptop (separate form)
- ___ Portable Video projector w/ cart
- ___ Overhead Projector w/cart
- ___ Document Camera w/ cart (opt)
- ___ Screen
- ___ Blu-ray DVD player
- ___ TV w/ DVD/VCR on cart
- ___ CD player
- ___ MP3 Player
- ___ Whiteboard (bring your own markers/eraser)
- ___ Microphone(s)
(If you need microphone(s),
please fill out the form on
the back of this page.)

Please turn to the back of this page and complete filling out the form. Your signature is required under "Applicant Agreement."

(cont)

Microphone Configurations (check only ONE selection)

- _____ wired microphone with stands
- _____ wireless lapel microphones
- _____ wireless hand-held microphones

If you have selected a configuration that involves a hand-held microphone, please answer the following questions:

Do you need a stand(s) or the lectern for the hand-held microphone(s)? ___ YES ___ NO

If YES, please select from the following: check all that apply

- _____ Floor microphone stand (limit 2) _____ number needed
- _____ Microphone installed on the lectern

APPLICANT AGREEMENT

I understand that I must make final confirmation with the Adult Services Department (281-633-5100) at least **24 hours** before our meeting. If any assistance is needed in setting up equipment or involves computer-related equipment, I will make arrangements with the Adult Services Department at least 48 hours prior to the meeting time. I understand that I will be responsible for and must make good any damage to the library's equipment while it is in my use. I further understand that use of video-projection equipment must cease at least 30 minutes before the library closes, to allow for shutdown procedures.

Signature of person completing this application form

Please notify the Adult Services Department of any problems with equipment.

FOR STAFF USE ONLY

Date rec'd

Rec'd by

Approved: Y / N

Branch Manager