



**FORT BEND COUNTY LIBRARIES**

**George Memorial Library**

1001 Golfview • Richmond

PH: 281-341-2605 • FAX: 281-341-2689

\_\_\_\_\_  
Today's Date

**APPLICATION FOR USE OF MEETING ROOMS**

1. Name of organization \_\_\_\_\_

2. The undersigned representative of the organization agrees that this meeting will be held in accordance with the regulations set up by Commissioners Court concerning the use of the library's meeting room. Any charges incurred will be billed to this person. The person responsible for making a meeting room application will be considered the official contact person for the group.

Contact Name \_\_\_\_\_

Title in organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Meeting Topic \_\_\_\_\_

3. **Check room selected from the list and configuration on the back side of this sheet.**

**Meeting Room** - (you set up & take down) (125 people, up to 12 tables)

**Room 2A** (50 people, up to 8 tables)

**Room 2B** (permanent set-up) - conference table and 10 chairs (10 people)

**Room 2C** (you set up & take down) (30 people, up to 6 tables)

**Room 2D** (18 people, 1 6' x 18" table) **AV equipment not available**

**Room 2E** (18 people, 6' x 18" table) **AV equipment not available**

4. Meeting DATE \_\_\_\_\_

5. ACTUAL TIME of meeting \_\_\_\_\_ to \_\_\_\_\_

6. SET-UP TIME \_\_\_\_\_ to \_\_\_\_\_

7. Approximate NUMBER EXPECTED \_\_\_\_\_

8. Type of FOOD SERVICE \_\_\_\_\_

**Signature** \_\_\_\_\_

**To request AV equipment for your meeting, please turn over and fill out the other side.**

# AUDIOVISUAL EQUIPMENT REQUESTED FOR THE MEETING

## EQUIPMENT (Check all that apply)

**LAPTOP**     Personal                       Library  
 Projector                       Transparency Projector  
 Screen  
 Sound/Audio  
 TV                       DVD Player                       Blu-Ray Player                       VCR  
 Phone (limit 2)                       Polycom Phone  
 Dry-erase Board                       Easel (limit 2)

## MICROPHONES (Indicate how many)

Wired hand-held                       Lapel                       Hand-held

## MICROPHONE STAND

Floor                       Table

***For Meeting Room, maximum is 3 wired and 2 wireless microphones.***

***For Room 2C, maximum is 1 microphone.***

***NOTE: If using personal laptop, AV CHECK must be completed at least four (4) business days prior to meeting date.***

AV check date                       AV check time

Type of computer:     Windows                       Mac

Comments \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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**FOR STAFF USE**

Recorded in Desk Calendar \_\_\_\_\_ / \_\_\_\_\_ (date, staff initials)

Date group notified \_\_\_\_\_    Logged into MRM \_\_\_\_\_ (staff initial)

Branch Manager signature \_\_\_\_\_