

Sturgis Library Meeting Room Request Form

Today's date:

Organization Name:

Organization Type: Nonprofit _____ (\$25) For-profit _____ (\$100)

Number of participants:

Date of meeting/event:

Time of meeting/event:

Contact person's name:

Contact's phone:

Contact's email:

Equipment needed:

If computer and projector equipment is needed, please discuss your needs/requirements with staff prior to the meeting or event.

Tables (how many)	_____
Laptop computer w/Powerpoint software	_____
Multimedia projector	_____
Slide projector	_____
Overhead projector	_____
Podium	_____
Microphone	_____
Coffee maker (how many cups?)	_____

Additional information:

Signed by organization contact person

Please submit this form for consideration and date availability.

FAX the form to: 508-362-5467

Email the form to: sturgislib@comcast.net

Mail the form to: Sturgis Library PO Box 606 Barnstable, MA 02630 Attn: Marcella Curry