



Meeting Room Reservation Form

Salem Public Library

585 Liberty St SE, Salem, OR 97301

Phone: 503-588-6071 / Fax: 503-589-2011

Reservations can be made: Monday – Friday, 8 AM – 5 PM

Name of Organization _____ Expected Attendance _____

Nature of Meeting _____ Room Requested _____

Is the event open to the public? Yes No Will Attendees Be Charged? Yes No

Meeting Date _____ Reservation Begins _____
Must include all set-up time needed

Meeting Begins _____ Reservation Ends _____
Must include all clean-up time needed

Please Check All Boxes Below:

- I have read and will comply with the Salem Public Library's Meeting Room Policy and Guidelines.
- We will pay all fees at the time of reservation.
- We will leave the room clean and complete the closing checklist.
- If I no longer need the meeting room, I will notify the Library in writing two business days before the reservation.
- I understand that failure to comply with the Library's policies may result in the loss of use of the meeting room.

Signature of applicant and responsible person _____

Printed Name _____

Address _____

Home Phone () _____ Work Phone () _____

Fax Number () _____ Email _____

Contact person for this reservation Name _____ Phone Number _____

Can we give out your contact information to prospective attendees? ___Yes ___No

Do you plan to serve refreshments? ___Yes ___No

Library owned audio-visual equipment is available for a per use fee.

Please check equipment you would like to rent:

- Slide Projector
- Overhead Projector
- Video Projector (late 2006)
- TV/VCR or TV/DVD
- Wired Microphone(s) # _____
- Easel

For Staff Use Only

Has a 501©3 or equivalent been provided? Yes No N/A _____

Rental Rate: _____

Date fees were paid: _____

Staff Initials: _____

Rate/hr: _____

Total hrs: _____

Total Room Fee: _____

AV Rental Fee: _____

Total Fee: _____