## HIGHLAND PARK PUBLIC LIBRARY 494 Laurel Avenue Highland Park, Illinois 60035-2690 847-432-0216

Fax: 847-681-7027

## Request to Reserve the Lower-Level Meeting Room and/or Auditorium

If you wish to reserve the Lower-Level Meeting Room and/or Auditorium, please complete this form and return it to the Library Administration office. You will be advised as to whether your request has been approved as soon as possible.

Name of Organization/Patron:	
Liaison Name:	Phone:
Address of Liaison:	Phone:
Meeting date: Start *All meetings must end at least 15 min	Time:End Time:nutes before Library closing time.
Type of Activity:	<del>-</del>
It is agreed attendance is open to the pub	lic?
Reserve:  Auditorium (seats 87): \$100.00 for Meeting Room (seats up to 40): \$  Both Rooms: \$150.00 for 2 hours  Extra Time at \$50.00 per hour  Amount of extra time requ	
Please note that the amount of time reque	ested includes your set-up time.
Equipment Available (no extra charge):  Podium Wired microphone Wireless microphone Projection screen Apple TV Windows computer Conference system webcam with microphone Blu ray/DVD player	
I have read and agree to comply with the 'Room/Auditorium.* (see attached document)	Policy and Regulations for Community Use of the Lower-Level Meeting
Signature of person reserving room:	Date:
Library Executive Director:	Date:

Revised February 13, 2007 Revised November 9, 2021