



Carol Stream Public Library Meeting Room Application

This form may also be completed and submitted online at www.cslibrary.org/evanced/lib/eventcalendar.asp

Date of Meeting: _____

Start Time: _____ End time: _____

Organization: _____

Representative: _____

Library Card Number: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Purpose of Meeting: _____

Number expected to attend: _____

Would you like your event to display on the Library's Program Calendar?

Yes No

Room Setup: Select a standard set up from those on the back of this page.

Optional Equipment:

The following are items that are available upon request. This does not guarantee that the requested items will be available. We will make every attempt to reserve the requested items.

- | | | |
|---|--|--|
| <input type="checkbox"/> Podium | <input type="checkbox"/> VCR and TV | <input type="checkbox"/> Pull down screen |
| <input type="checkbox"/> Piano | <input type="checkbox"/> 16 mm projector | <input type="checkbox"/> Screen (portable) |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Filmstrip projector | <input type="checkbox"/> Chalkboard (mounted) |
| <input type="checkbox"/> HP Digital projector | <input type="checkbox"/> Slide projector | <input type="checkbox"/> Chalkboard (portable) |
| <input type="checkbox"/> Panasonic Projector | <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Flipchart |
| <input type="checkbox"/> DVD Player & TV | <input type="checkbox"/> AV cart | |

Return this form, along with a signed copy of the Responsibility Statement, and any questions, to the Meeting Room Coordinator, Jeri L. Cain at 630-653-0755 or jcain@cslibrary.org.

Date Received: _____ Staff Initials: _____