



**OGDENSBURG PUBLIC LIBRARY**  
 312 Washington Street  
 Ogdensburg, NY 13669  
 Phone: (315) 393-4325  
 Fax: (315) 393-4344

**Meeting Facilities Application/Registration Form**

**Date** \_\_\_\_\_

I, (please print name) \_\_\_\_\_, representing (organization name) \_\_\_\_\_, am applying for the use of a meeting room at Ogdensburg Public Library. I have read the regulations regarding use of the meeting facilities and agree to comply with them.

Date and Time of Meeting \_\_\_\_\_

Probable Length \_\_\_\_\_ Probable Attendance \_\_\_\_\_

Contact person (if different than above) \_\_\_\_\_

Telephone Number of Contact Person \_\_\_\_\_

Organization Address \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Our meeting will require the following library equipment (please check):

- |  |  |
|--|--|
| <input type="checkbox"/> 35 mm slide projector   | <input type="checkbox"/> 16 mm projector   |
| <input type="checkbox"/> Overhead projector      | <input type="checkbox"/> Lectern           |
| <input type="checkbox"/> Lectern with microphone | <input type="checkbox"/> VCR or DVD player |

Our organization would like to use the following room (check one):

- Auditorium (up to 80 people)  
 Board Room (up to 15 people)  
 Local History Room (up to 4 people)

**Note: Please return no later than 5 days before your event. Reservations cannot be confirmed without a copy of this form on file.**

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

**Not Approved** \_\_\_\_\_