

**BLOOMFIELD TOWNSHIP PUBLIC LIBRARY
MEETING ROOM CONTRACT**
YEAR _____

Office Use Only	
Initials: _____	Contract: _____
Log: _____	Tax-Exempt: _____
Confirmation Code: _____	

Name (Library Cardholder—please print) _____ Library Card Number _____

Phone: _____ E-Mail: _____

Alternate Contact Name _____ Alternate Contact Phone and/or E-Mail _____

Organization Name: _____ *Tax-exempt: _____yes _____no

*If your organization is tax-exempt, then proof of such status is required along with the contract and payment to receive a nonprofit meeting room rate.

CARDHOLDER'S Address: _____

City _____ ZIP _____

Date of Meeting: _____ Actual Start Time: _____ Actual End Time: _____
(Please note additional meetings on back of contract. 6 meetings are allowed per year, per person or group)

Purpose of Meeting _____ Number of Attendees: _____

Meeting Rooms – please indicate room choice					
M/R choice	Meeting Room	Capacity	Arrangement	Tax-exempt (non-profit)	Profit
	LHG Community Room	Seating: 90	Tables & chairs (max. 90)	\$100	\$240
	LHG Community Room	Seating: 140	Chairs only (max. 140)	\$100	\$240
	Meeting Room 1	Seating: 46	Tables & chairs only	\$ 50	\$120
	Meeting Room 2	Seating: 56	Chairs only	\$ 50	\$120
	Meeting Room 3	Seating: 18	Table & chairs only	NO FEE	\$ 60

All meeting room rates are per four-hour period. Fees for multiple periods may be required, based on meeting start and end times. Late end might result in additional charges.

MEETING ROOM PERIOD RESERVED: (no access before 9 a.m. Monday through Saturday or before 12 p.m. on Sunday)

- Monday: _____ 9a.m.-1p.m. _____ 1-5p.m. _____ 5-9p.m.
- Tuesday: _____ 9a.m.-1p.m. _____ 1-5p.m. _____ 5-9p.m.
- Wednesday: _____ 9a.m.-1p.m. _____ 1-5p.m. _____ 5-9p.m.
- Thursday: _____ 9a.m.-1p.m. _____ 1-5p.m. _____ 5-9p.m.
- Friday: _____ 9:30a.m.-1:30p.m. _____ 1:30-5:30p.m.
- Saturday: _____ 9:30a.m.-1:30p.m. _____ 1:30-5:30p.m.
- Sunday: _____ 12:30-4:30p.m.

ADDITIONAL MEETING ROOM EQUIPMENT DESIRED, IF AVAILABLE:

- | | | |
|-------------------------------------|--|---|
| _____ Coffee Urns | _____ **Digital Video Projector
<small>Plays DVD, CD, Blu-ray</small> | _____ Dry Erase/Magnetic Board |
| _____ Assistive Hearing Devices | _____ Easel | _____ Gathering Space |
| _____ Lectern | _____ Warming Kitchen | _____ Grand Piano (Community Room only) |
| _____ Wireless Microphone-lavaliere | | _____ Wireless Microphone-handheld |

***Laptop and desktop computers are not provided. Please bring your own computer, cables and adapters. We support HDMI and VGA connections. Any questions about the compatibility of equipment, please call before your meeting and speak to a representative of our Systems Department.*

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Please note:

- **No changes can be made to the arrangement of the rooms.** Room furnishings may not be rearranged by meeting attendees. Please discuss your room needs at the time of reservation.
- **If you need additional equipment or modification of setup, please contact a Clerk at the Welcome Desk.** We may not be able to satisfy all requests.
- **All meeting room attendees must be out of the Library by the close of business.**
- 9 p.m. Monday thru Thursday, 6:30 p.m. Friday, 5:30 p.m. Saturday and Sunday -
- **I.R.S. documentation is necessary to prove tax-exempt status to be eligible for that rate.**
- **Signs or decorations are not permitted. Your meeting will be displayed on the PowerPoint in the lobby and the Welcome Desk Clerk will direct attendees.**
- **No funds are to be solicited or collected**

FEE: \$ _____ PAID VIA: _____ Cash _____ Check _____ Credit Card

(Fees added to a library card account may be paid online) All refunds, regardless of original method of payment, will be made by check; please allow 2-6 weeks.

I have read the accompanying Meeting Room Guidelines and agree, as a condition of and in consideration for the use of the meeting facility, that I will be responsible for any damage to the facility or grounds, and damage or loss of any equipment or furnishings and that I will abide by the terms of this agreement. I release and hold harmless the Bloomfield Township Public Library from any and all claims for personal injury or property damage.

Cardholder Signature: _____ **Date:** _____

Printed name: _____ **Library card #:** _____

Please indicate additional meeting dates below and make sure to initial each. Thank you.

Additional Dates	4-hour Block	Meeting Room	Confirmation Code	Equipment	Payment Due	Cardholder Initials