

**Application for Use of Community/Conference Room
Main Library**

Meeting date requested: _____
Time requested: _____ to _____ *(please include time for set up and tear down)*
Attendance expected: _____
(Maximum capacity for community room: 130; maximum capacity for Fercho conference room: 16; maximum capacity for the Dawson conference room: 12)

Booking organization: _____
Organization address: _____
Contact person: _____
Contact person's daytime phone: _____ Cell phone: _____
Email: _____ FAX: _____

Community Room Use Fees:

- No fee: City of Fargo, library or library-affiliated groups
- No fee: Furniture set up (see page two)
- \$50 per 4 hours: Fargo-, Moorhead-, Cass County-based nonprofit groups or individuals
- \$100 per 4 hours: For-profit or nonresident nonprofit groups or individuals
- \$30 Per Booking for access to integrated audio/visual system (DVD, VHS, LCD, Audio)
- \$20 Per Booking Laptop Fee

Conference Room Use Fees:

- No fee: Advance bookings for City of Fargo; library or library-affiliated groups; groups under 12 if conference room is available at that particular time
- \$25 per four hours: Advance bookings for nonprofit or for-profit groups or individuals

Equipment Fees (Please Circle Desired Equipment):

- No fee: lectern, prep kitchen, folding tables, wireless Internet
- \$20 per booking: Laptop and or portable LCD Projector

All equipment fees are refundable if a meeting is cancelled 24 hours in advance or cancelled by the library.

I have read and agree to abide by the Meeting Room Policy. I agree to use the room only for the purposes of the above organization and with the stated date, hours, and attendance. Failure to abide by this agreement may result in the suspension of meeting room privileges.

Signature: _____ **Date:** _____

All fees must be received before booking will be confirmed. Please make checks or money orders payable to the Fargo Public Library.

Fax (701.241.8581), mail or bring this form to the **Fargo Public Library, 102 North 3rd St., Fargo ND 58102 Attn: Office Manager** or email it to vmueller@cityoffargo.com.

Staff use (please initial and date):

Amount due:

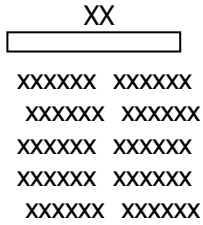
Payment received:

Calendar booked:

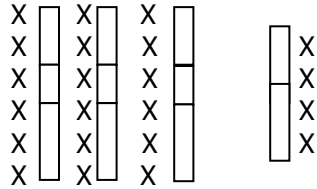
Setup Options

Please make your selection by circling the one of your choice.

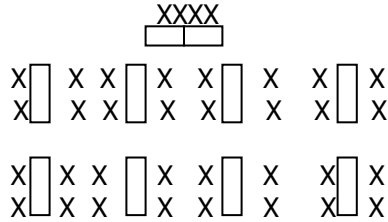
Standard configuration
1 table, 60 Chairs



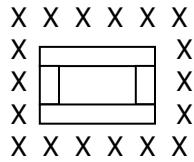
Classroom



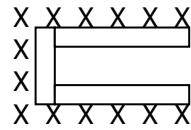
Luncheon



Close Cube



Open Cube



Square

