



Meeting Space Rentals Application

Applicant/Organization Information	
Date:	
Applicant/Organization name:	
Contact person responsible:	
Address:	City:
Telephone:	Cell phone:
Postal code:	Email:
Dates/Times requested: _____ _____ _____	
<i>NOTE: Program Room is available during regular Library hours of operation only.</i>	
Amount of time required: <i>NOTE: Please give yourself enough time to set up before your meeting, and to clean up afterward. We ask that the room be left as you found it.</i>	
Estimated number of attendees: <i>NOTE: Program Room capacity is 32 people.</i>	

Meeting Information	
<input type="checkbox"/> Non-profit	<input type="checkbox"/> For profit
<input type="checkbox"/> Open to public	<input type="checkbox"/> For members/invited attendees only
<input type="checkbox"/> Free admission	<input type="checkbox"/> Admission charged
<input type="checkbox"/> Government service	<input type="checkbox"/> Seminar/workshop
<input type="checkbox"/> Business meeting	<input type="checkbox"/> Education
Meeting topic:	
Speaker(s):	
Equipment needed:	
<input type="checkbox"/> Projector and screen	<input type="checkbox"/> Podium
Number of tables _____ (tables measure 73 cm long x 29 cm wide)	
Number of chairs _____	
Please describe desired room set-up (tables arranged in rows/in a square/in a U shape, etc.):	

Meeting Space Rentals Fees			
	<i>Up to 3 hours</i>	<i>Half-day (3-5 hours)</i>	<i>Full day (5+ hours)</i>
<i>*Non-profit</i>	By donation	By donation	By donation
<i>*For profit</i>	\$20	\$50	\$80
<i>*Use of the projector is an additional \$10 fee.</i>			

Cancellations

Cancellation of meetings should be made with as much advance notice as possible. Failure to notify the Library of cancellation may result in an individual or organization being excluded from further scheduling at the Library. The Library reserves the right to reschedule or cancel meetings when necessary.

Meeting Space Rentals Agreement

I certify that I have read and agree to the conditions stated in the West Perth Public Library Meeting Space Rentals Policy.

I certify that I have read and agree to the Library Meeting Space Regulations.

Name (please print)

Date

Signature

Please sign and return this form with your payment for the full amount shown above.

Privacy

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1989 and shall not be used or disclosed for purposes other than determining eligibility and suitability for scheduling meeting space at West Perth Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected. Questions regarding the collection of this information should be directed to the Library CEO.