Parsippany-Troy Hills Library
Contract and Application for Meeting Room Use

Complete both sides. Please print. Library Card # __________________________

Organization __________________________________________________________________________

Purpose of Meeting ____________________________________________________________________

Address __________________________________ City ______________________  Zip ____________

Group Contact Person _____________________________  E-mail ______________________________

Contact Phone _________________________________  Fax ___________________________________

Date(s) Requested _____________________________________________________________________

Meeting Time ____________ to __________     Number of People Expected ________

Room set-up is done by library staff. In order to provide you with the necessary space, indicate what type of room set-up you will be using (circle one) and how many tables you will need. # of Tables ______

<table>
<thead>
<tr>
<th>Audience</th>
<th>Lunchroom</th>
<th>Classroom</th>
<th>Board Style</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
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Note: Only 3 chairs will fit per side of each table. A maximum of 10 tables may be available.

Do you need to use library equipment?  □ Yes  □ No  If yes, please specify on the reverse side of this form.

Send this form to:
Parsippany Public Library, 449 Halsey Rd, Parsippany, NJ 07054,  Attn: Jean Marie Embler
OR email to jean.embler@parsippanylibrary.org

Office Use: Meeting Room A  Meeting Room B  Board Room  Equipment

_____Approved  _____Approved, but please note date changes

_____Sorry, but the group does not meet the criteria stated in the agreement paragraph. The PAL Building may have available space. Contact PAL at 973-335-0555.

Rev. 3/26/18
Meeting Room Cost Assessment Page

Name of Group: ______________________________________________________________

A. How would you classify your group?
   □ Non-profit, Parsippany based – 50% of members live or work in Parsippany ($0)
   □ Non-profit, non-Parsippany based ($75/hr) $ _________
   □ For profit ($125/hr) $ _________

B. Do you need to use equipment?
   □ No ($0) □ Yes (staff fee $25) $ _________

Please circle equipment needed
   Screen  DVD player/projector  podium  overhead projector  laptop & projector

All groups, including non-profits, will be charged a $25 staff fee for use of audio-visual equipment. In order to use the library’s equipment and to make sure that it works with any electronic equipment and documents, the group facilitator must set up an appointment with the library concierge prior to the meeting date.

C. Do you need to meet after hours?
   □ No ($0) □ Yes (staff fee $25) $ _________

Make check payable to Parsippany-Troy Hills Library.  Total A-C _________

Deposit Fee
   Meeting room deposit fee (refundable check) $50

Please make out a separate $50 refundable deposit check to Parsippany-Troy Hills Library.

I certify that the group I represent is a governmental, non-profit, civic, cultural or educational organization or that the meeting to be presented is of an educational or cultural nature. Neither I nor my organization will in any way advertise, either verbally or in writing, or suggest or imply that the library is the host, the endorser or in any other way associated with this organization. I will abide by all library rules and regulations.

Signed: ______________________________   Approved: ____________________________
   (contact person/group representative)   (Library Director)

PAYMENT IS DUE AT THE TIME OF APPLICATION.

Send checks to: Parsippany-Troy Hills Library, Attention Jean Marie Embler
449 Halsey Road, Parsippany, NJ 07054