



awatkins@aztecnm.gov 319 S. Ash Aztec, NM 87410

www.azteclibrary.org

Voice 505-334-7658

Fax 505-334-7659

## **Meeting Room Request Form**

Submission of a request does not guarantee request approval. Do not advertise the event until final approval is CC

confirn	ned by Library Staff. Decision w	ill be based upon c	ompletion of th	nis form.		
Date of first contact:			Non-profit Tax ID:			
Requestor's Name:  Organization Name:			Phone: Address:			
						Event I
1.	Type of Event:		Participants:			
	Organizational Meeting		Estimated number of people			
	Instructional					
	Special event					
_	Other: Describe:					
2.	2. Room Request:					
Meeting Room C Whole conference room (max. 35 people)						
	Meeting Room B Large conference room (max. 30 people) Meeting Room A Small conference room (max. 10 people)					
2	Set-Up Required:					
<b>J.</b>	Set-Op Required.					
	Theatre/Lecture	<b>U-Shaped</b>		Classroom	Hollow Square	
	•••••		•			
		• • •	• •			
4.	Date of Event:	_	Time:	Start: End:	- <b>-</b>	
5.	Will food/drink be served?					
6.	Equipment requested:					
	Pod	um	Projector		Laptop	
	Staff Initials:					