

Name of Organization:

APPLICATION FOR USE OF MEETING ROOMS

Contact Name:		
Address:		
City:		Zip:
Telephone:		President:
Email:		
Payment is due at Date of Application: Date(s) and Time(s) F Room Set-up: Equipment will be ne Laptop OWL Technology Purpose/Function of Literature to be distri PLEASE NOTE: All promotional Public Library." Use of the Librar not use the Library's telephone	24 hours in advance, then the meeting Requested: eeded from us, if any:	cheduled meeting. If payment has not been received ag will be considered cancelled. Expected number of Attendees: reen Podium emeeting/program is not sponsored by the Abington Township nt could result in the cancellation of your reservation. Groups may E USE OF THE LIBRARY MEETING ROOMS
AND I AGREE TO COMPLY WITH THEM***		
Office Held in Organi	zation:	Signature of Applicant:
Address:		
City:		Telephone:
Zip:		Email: