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# Meeting Room Application

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**MONMOUTH COUNTY LIBRARY  
EASTERN BRANCH**

1001 ROUTE 35, SHREWSBURY, NJ 07702  
1-866-941-8188

**Requested date(s) of meeting:**

**Starting time:**

**Ending time:**

(Meeting must end at least 30 minutes prior to closing)

**Name of applicant:**

**Organization:**

**Address:**

**E-mail address:**

**Telephone:**

**Cell:**

**Fax:**

**Title of Meeting/Program:**

**Program information (include press release, if applicable):**

**Please indicate any equipment needed for your meeting from the choices below.  
Do not add equipment that is not on this list.**

Please note: The library does not have an LCD projector, projector cable, laptop or extension cords available; you must provide your own.

\_\_\_\_\_ **TV/DVD player**

\_\_\_\_\_ **Screen**

\_\_\_\_\_ **Microphone**

\_\_\_\_\_ **Podium**

\_\_\_\_\_ **Easel**

\_\_\_\_\_ **Chalkboard**

**# TABLES (limit 8) \_\_\_\_\_ # CHAIRS (limit 50) \_\_\_\_\_**

**Estimated attendance \_\_\_\_\_ Do you plan to serve refreshments? \_\_\_\_\_**

**Arrangement desired (include diagram, if possible):**

Signature of responsible party

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**