Reservation Request Form - Requests must be submitted at least 14 days in advance.

Today's Date:	Est. # of Attendees:	
Event Name:		
Event Date(s)	Event Time(s)1:	
Your Room/Space Preference: _		
AV Needed ² :		
¹ Each room rate purchases one 4 when your reservation begins. ² For AV, clients are responsible for	4-hour block of time, which includes time for setup and tea for bringing their own laptop.	ardown. You can setup
Contact Information		
Your Name:		
Your Phone #:	Your Email:	
Your Organization (if applicable):	:	
Your Mailing Address:		
Event's Furniture Setup - for MI	EETING ROOMS A & B only. Mark one3:	
Number of seats: 40 (A or I Presentation Style (No Ta Number of seats: 98 (A or I Squares of 4: Each square Number of seats: 40 (A or I	es): Rows of tables facing the drop down screen. B separately), 80 (A & B together) ables): Rows of chairs facing the drop down screen. B separately), 196 (A & B together) is a table with seating for 4. B separately), 80 (A & B together) eponsible for the special arrangement of library-owned furn	niture for your event.
areas come with a fixed or built-in	s, customers must provide and set up their own furniture & n arrangement of furniture & AV equipment, with the exceed AV but variable furniture. See Meeting Center brochus	ception of Meeting Room
What Rate Do You Qualify For? (Ma	ark one.)	
Standard: Private citizens,	private foundations or businesses.	
nonprofit status. Please send us a	anizations eligible for tax-exempt status under sections 501 copy of your exemption letter with this reservation requested until we receive your exemption letter.	. , . ,
the date Library Staff send me the Agr	I that I must return a signed Rental Agreement and payment ⁴ in full reement and invoice. Failure to do so will result in cancellation of my ted time, an additional fee shall be prorated to 25% of the total reseri	reservation request. I

(my initials)

⁴We accept checks or money orders only, payable to McAllen Public Library.