⊙ **FORT BEND COUNTY LIBRARIES**   **AV**
Sienna Branch Library
Phone: 281-238-2900 Fax: 281-238-2901

AUDIOVISUAL USAGE AGREEMENT   _____

Today's Date

Any guest-group wishing to use audiovisual equipment will be instructed in its use by the Adult Servic-es Department. Tentative bookings of equipment will be made at time of application. **Final confirma-tion will be made when the person (member) named below contacts the Adult Services Depart-ment for instruction (281-238-2950).**

Name of organization _____

Name of member using equipment _____

Name of contact person (if different) _____

Phone _____ Email Address _____

Meeting room _____ Meeting date _____ Meeting time _____

Number of people anticipated at meeting _____

ROOM AND EQUIPMENT

Check the room you wish to reserve and check all listed equipment you will need in the room you are booking

☐ **Meeting Room**   ☐ **Conference Room 1, (Medium)**
☐ **Multipurpose Room**   ☐ **Conference Room 2B, (Small)**
☐ **Conference Room 2A, (Large)**

                                             __ Laptop (separate form)

__ Laptop (separate form)   __ Portable Video projector
__ Video projector   __ VCR on cart
__ Lectern   __ Dry-erase board*
__ Dry Erase Board*
__ Computer presenter's cart
__ VCR on cart
__ Screen
__ TV / DVD / VCR combo
__ Phone
__ Microphone(s)
    (If you need microphone(s), please fill out the form on the back of this page.)

   * Please bring your own dry erase markers and erasers.

Please turn to the back of this page and complete filling out the form. Your signature is required under "Applicant Agreement."

Microphone Configurations – check only ONE selection

_____ 1 wired hand-held microphone
_____ 1 wireless hand-held microphone
_____ 1 wireless lapel microphone

If you have selected a configuration that involves a hand-held microphone, please answer the following questions:

Do you need a stand(s) or the lectern for the hand-held microphone(s)? ___YES ___ NO

If you answered YES, please select from the following: choose all that apply

_____ Floor microphone stand
_____ Tabletop microphone stand
_____ Microphone installed on the lectern

APPLICANT AGREEMENT

I understand that I must make final confirmation with the Audiovisual (AV) Department (281-238-2950) at least **48 hours** before our meeting. If any assistance is needed in setting up equipment or involves computer-related equipment, I will make arrangements with the AV Department at least 48 hours prior to the meeting time. I understand that I will be responsible for and must make good any damage to the library's equipment while it is in my use. **I further understand that use of video-projection equipment must cease at least 30 minutes before the library closes**, to allow for shutdown procedures.

_____
Signature of person completing this application form

Please notify the Audiovisual Department of any problems with equipment.

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FOR STAFF USE

_____ _____
AV Staffmember receiving application Date

Date entered in ResSched _____ Person entering _____