

WISCONSIN STATE LAW LIBRARY ROOM RESERVATION FORM

Please print this form and return it by mail or fax, along with any fees, to the address below.

NAME: _____ **TODAY'S DATE:** _____

(please print)

FIRM/AGENCY/ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: () _____

FAX NUMBER: () _____

EMAIL: _____

ROOM REQUESTED (please check):

EVENT DATE and TIME (start and stop,
including setup)

Library Conference Room

Rare Book Room

Computer Training Room

Individual User Workroom

Room # _____

Purpose of meeting _____

Estimated attendance _____

Please check:

I have read and will comply with the WSLI Meeting Room Policy and Guidelines

I understand that while using the meeting rooms, no products or services may be solicited or sold.

I understand that failure to comply with the Library's policies may result in the loss of use of the meeting rooms.

Signature of Requester _____

Wisconsin State Law Library

120 MLK Jr Blvd Madison WI 53703 Phone (608) 266-1600 Fax (608) 267-2319

For Library Use Only:

Date Requested _____

Rental Fee \$ _____

Approved _____

Amt. Paid _____

Check No. _____