

CONFERENCE CENTER

— at the *Main Library* —



Reservation Request Form

Date form completed: _____ Individual Name(s): _____

Business/Organization Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alternate Phone: _____

E-mail Address: _____

How did you hear about Jax Public Library's venue rental opportunities? (Mark all that apply)

Bridal Show

Attended an event here

Art Walk

WeddingWire

Website search of Jax event

Visit Jax CVB

MPI North Florida

venues

Other (please specify):

Word of mouth

JPL Newsletter/event

Event Date (Day, Month, Year): _____

Event Name: _____

Event Type/Purpose: _____ Estimated # Guests: _____

Load In/Set Up Time: _____

Event Start Time: _____ Event End Time: _____

Load Out/Tear Down Completion Time: _____

Meeting/Event Space(s) Requested: _____

Bridal Package Selected (if applicable): _____

Nonprofit Organization yes no Food & beverage served yes no Alcohol served yes no

Rental Equipment needed: _____

Audio Visual equipment needed: _____

Comments: _____

Representative (Individual is representative of Licensee and shall be present when facility is in use and ensure compliance with terms and conditions of rental agreement) Name: _____

Street Address, City, State, Zip Code: _____

Phone #: _____ E-mail Address: _____