

Technology and Equipment Needs:

<i>Equipment</i>	<i>Cost (per half day unless noted)</i>
<input type="checkbox"/> Betacam	50.00
<input type="checkbox"/> Betacam SP Player/Recorder	10.00
<input type="checkbox"/> Conference Telephone	20.00 + per minute fee for long distance
<input type="checkbox"/> DVD/VHS Player Recorder	10.00
<input type="checkbox"/> Easel	5.00
<input type="checkbox"/> Flipchart Pad - Purchase (includes use of easel)	20.00
<input type="checkbox"/> Laptop Computer	20.00
<input type="checkbox"/> Markers - Purchase	5.00
<input type="checkbox"/> Microphone (fixed) with Podium	20.00
<input type="checkbox"/> Organ	200.00/event
<input type="checkbox"/> Overhead Projector	10.00
<input type="checkbox"/> Plasma Screen Package (includes laptop)	100.00
<input type="checkbox"/> Podium	5.00
<input type="checkbox"/> Projector Screen	5.00
<input type="checkbox"/> Risers	75.00/event
<input type="checkbox"/> Slide Projector	10.00
<input type="checkbox"/> TV/VCR	10.00
<input type="checkbox"/> VHS Camcorder	20.00
<input type="checkbox"/> Video/LCD Projector (portable)	30.00
<input type="checkbox"/> Video/LCD Projector (ceiling mounted with screen)	50.00
<input type="checkbox"/> Whiteboard - large on wheels	5.00
<input type="checkbox"/> Whiteboard - small	3.00
<input type="checkbox"/> Wireless Microphone System	20.00

Special support services (technical, security, maintenance) are available at a negotiated fee from St. Petersburg College. Please indicate any special support services needed:

Rental and Fees -- Library Staff Use Only:

Deposit (refundable – pending): \$ _____
Room Rental (non-refundable): \$ _____
Room Rental Tax (non-refundable): \$ _____
Technology/Equipment Rental (non-refundable): \$ _____
Technology/Equipment Rental Tax (non-refundable): \$ _____
Liability Insurance (non-refundable): \$ _____
Special Support Services (non-refundable): \$ _____
TOTAL: \$ _____

Please make check payable to ST. PETERSBURG COLLEGE.

Affirmation:

I affirm that I have read, understood, and accept all terms of use set forth in the PROGRAM ROOM POLICY and this RESERVATION FORM. I understand that City- or College-sponsored activities in the Program Rooms take higher priority over all third party or community organizations. I affirm that a library representative has clearly informed me of any City- or College-sponsored activities *scheduled at the time of my booking* that will be held in adjoining Program Rooms. I understand that the movable walls separating the Program Rooms are not absolutely soundproof, and that my organization may find the volume from adjoining rooms distracting, especially from programs for children and teens. I accept these conditions.

Signature of Organizational Representative _____ Date _____

Library Director or Designee: ____ Approved ____ Denied

Signature of Library Director or Designee _____ Date _____

Library Staff Use Only:

Deposit: \$ _____
Damage Assessment: \$ _____
Balance due applicant: \$ _____