# MEETING <br> LIBRARY ROOM REQUEST 

FAX 518-664-8641 MEC-DIRECTOR@SALS.EDU


PROGRAM:
$\qquad$
CONTACT PERSON:

PHONE/EMAIL:

DATE:
TIME:

PRIVATE OPEN TO PUBLIC

REGISTRATION REQUIRED? YES NO LIMIT: _- CUTOFF DATE REQUESTED ROOM: CHILDREN'S ELLSWORTH READING PROGRAM DETAILS:

