CONFERENCE PLANNING FORM

CONFERENCE TITLE: 

Organization Name:

Type of Event____________________ Preferred Dates________________ To ______________

Preferred facilities SV_______ AV________ UV_______ CV_______

CONTACT INFORMATION

Contact ______________________________________ Email ______________________________________

(wk)_________________ (cell)________________

Address______________________________________ City _______________State _________ Zip __________

HOUSING REQUIREMENTS

Total # of participants:__________ M_____ F____ (Staff)__________

Minors___________ Chaperones_______ (1-12 ratio under 18) or (1 - 6 ratio under 12)

Arrival Time__________ Departure Time__________

Nightly Rate: $__________ per person/per night

Assist with Check in Date______________ Time_________________

Assist with Check out Date______________ Time_________________

Master keys__________

Parking permits Y or N ____ Dates___________________

Notes:

MEETING ROOM REQUIREMENTS

Village Square Date______________ Time_________________

UV Conference Date______________ Time_________________

UV Multipurpose Date______________ Time_________________

Other _________ Date______________ Time_________________

Notes: