

CONFERENCES AND CATERING

2008 Summer Request Form

FOR USE BY GROUPS COORDINATING ALL ASPECTS OF EVENT THROUGH UNIVERSITY CONFERENCES AND CATERING

*Please return no later than December 14, 2007 to
UCCO, Holloway Commons, 75 Main Street, Durham, NH 03824 or fax to 862-0245.*

Name of Conference/Group: _____ Sponsoring Department: _____

Your Name: _____ Title: _____

Phone Number: _____ Cell Number: _____ Fax: _____

E-Mail Address: _____

Mailing Address: _____

Approximate Numbers: Males _____ Females _____ How many are under age 18? _____

HOUSING ACCOMMODATIONS (How many of each is preferred?):

Residence Halls

Number of guests in residence hall single rooms _____

Number of guests in residence hall double rooms _____

Would you like housing in Congreve Hall, an air-conditioned residence hall facility (at additional cost)? _____

Mills Hall (Air-Conditioned, Suite Style)

Number of guests in Mills Hall Suites (8-person, = 3 doubles, 2 singles, shared bath) _____

Number of guests in Mills Hall Suites (5-person = 2 doubles, 1 single, shared bath) _____

Number of guests in Mills Hall Suites (4-person = 2 doubles, shared bath) _____

Apartments (Tentatively available - Complex has not yet been determined)

Number of apartments (4 people per apartment maximum) _____

Number of apartments (6 people per apartment maximum) _____

Two hours of continuous check-in and two hours of continuous check-out are provided for each conference. All participants must arrive and depart during the scheduled hours. **Please note that late departure fees apply for any check-outs that are not completed by 2:00pm on the scheduled date of departure.**

Check-In Date: _____ Check-In Start/End Time: _____

Check-Out Date: _____ Check-Out Start/End Time: _____

Special Needs: _____ Hall/Area Preference: _____

LINEN PLAN (Check all that apply):

- No Linen
- Linen Placed on Bed with weekly exchange if appropriate. Pillows and blankets are included but are not exchanged

SPECIAL SERVICES (Check all that apply):

- TV/VCR
- Refrigerator
- Laundry Cards
- Telecom voicemail
- Parking

DINING SERVICES:

Approximate numbers (including staff) _____ First Meal _____ Last Meal _____

Requested Meal Times: Breakfast: _____ Lunch: _____ Dinner: _____

Special Requests (i.e. Banquet, BBQ, etc.) _____

Thank you for completing this form. Once your information is received, a confirmation receipt and planning timeline will be sent to the email address above.