

Residence Life Conference Services
REQUEST FOR SERVICES
May 23, 2010 to August 4, 2010

CONFERENCE GROUP INFORMATION

Please use the following space to provide us with a brief description of your conference program (purpose, activities, etc.), as well as any special requests or unique circumstances you may have that we should know about, and/or that we should reference in your contract.

NAME OF CONFERENCE GROUP: _____

GROUP COORDINATOR/PRIMARY CONTACT

SECONDARY CONTACT (if any)

Name: _____

Name: _____

Title: _____

Title: _____

Address / PO Box: _____

Address / PO Box: _____

Phone number(s): _____

Phone number(s): _____

FAX number(s): _____

FAX number(s): _____

E-mail address: _____

E-mail address: _____

Age of conference group participants (check all that apply):

Elementary School _____

College _____

Jr. High School _____

Adult _____

High School _____



REQUESTED ACCOMMODATIONS

Total # of Female Participants: _____

Female Single Occup. Rooms: _____

Female Double Occup. Rooms: _____

Total # of Male Participants: _____

Male Single Occup. Rooms: _____

Male Double Occup. Rooms: _____

ADA Needs: _____

Arrival Date: Staff: _____

Arrival Date: Participants: _____

Departure Date: Staff: _____

Departure Date: Participants: _____

Service Level Requested (circle one):

Full	Limited	Basic
Full Linen Svc.	Linen Packet	No Linen Svc.

Will building access cards be needed for:

*Participants? Yes No

Staff? Yes No

***Youth participants are not issued
building access cards.**

ADDITIONAL SERVICES

List any non-food services such as parking, classrooms, audio-visual, recreation, etc. your group may need to purchase. **There is an additional \$5.00 per person Coordination Fee for any campus service provided other than accommodations and food and beverage services.**

Meeting Space/AV Needs:

Date	Time	# of Ppl	Type of Room (flat floor, tiered, stage)	A/V Needs	Special Requirements (movable table/chairs, etc.)

Parking Permits:

(Note: Service Permits require owner name, make, model, and license plate of vehicle)

Date	Type (Zone 1, Handicapped, Service Permit)

Miscellaneous Services/Needs:



FOOD SERVICE

Food and beverage needs should be arranged through our partners at: University of Arizona
Memorial Student Union
Dining Services
(800) 374-7379 or
(520) 621-7038
kjv@u.arizona.edu

PAYMENT AND CONTRACT INFORMATION

Method of Payment (**check one**):

- Interdepartmental Billing Form (IBF # _____)
 UA Foundation Funding/Grant:
(UA sponsored groups NOT paying w/ department funds).
 Non-University Funds (check, cash, etc.): _____

If **Non-University** Funds was checked, please provide the following information for the individual/organization responsible for payment:

Name: _____

Address / PO Box: _____

Phone number(s): _____

E-mail Address: _____

Individual responsible for signing agreements and for guaranteeing payment:

Name: _____

Title: _____

Address / PO Box: _____

Phone number(s): _____

FAX number(s): _____

E-mail address: _____

This is a request for services only and does not guarantee availability nor assure reservations as requested. The Conference Services Agreement, when executed, will confirm and guarantee reservations.

Signature of Group Coordinator: _____

Date: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

The University of Arizona
Attn: **Lynn Smith**
Residence Life, Conference Services Office
El Portal Building, #102
P.O. Box 210182
Tucson, AZ 85721-0182
TELEPHONE: (520) 626-9343; FAX: (520) 621-5312



www.life.arizona.edu

