

Conference Contract Detail Sheet

Conference group name:

Date of arrival:

Date of departure:

in Group:

Check-In

Time: _____ Location: _____
 Desk needs: _____

Special needs:

Check-Out

Time: _____ Location: _____
 Desk needs: _____

Special needs:

Early Arrivals?
Yes # _____ No
Date _____ Time _____

Desk/Staffing

Special needs:

Staff

Presence provided by group: YES # _____ NO
Special needs:

Dining

YES NO

Parking

Permits required: YES # _____ NO
Special needs:

Complete Parking Request Form

Individual/Group Recreation Space (Gym)

Required: YES # _____ NO
Special needs:

Catering

Required: YES # _____ NO

Complete Catering Worksheet

Room reservation done: YES Location: _____ NO
Special needs:

University Multi-Purpose Space

Required: YES NO
 Location(s) requested:

Complete Meeting Space Request

Classroom Space

Required:

YES # _____

NO

Location(s) requested:

Complete Meeting
Space Request

A/V Equipment

Required:

YES # _____

NO

Location(s) requested:

Other special requests (e.g. tables)

Required:

YES # _____

NO

Location(s) requested:

Method of Payment for Billing Purposes

- Check (initiated by University Invoice)
- IDT (initiated by inter-departmental transfer)