

2018 Long Term Stay Group - Information Form

Please complete a separate form for each group in which you are the primary contact.



Name of Group: _____

Sponsoring Department or Organization: _____

Primary Contact:

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____

Billing Contact:

Name: _____

Title: _____

Address: _____

Email: _____

Phone: _____

About Your Group:

Please use the following space to provide us with a brief description of your program as well as any special requests that we should take into account when preparing your contract.

Will this group have minors? Yes No

ADA Needs: _____

On-Site Emergency Contact (**required**): _____

Cell-Phone: _____

Email: _____

Accommodations:

Type of residence hall requested: _____ Traditional with A/C _____ Traditional without A/C
 _____ Suite Style with A/C _____ Suite Style without A/C
 _____ Private Bath with A/C

Estimated Participant Numbers:

_____ # of Female Single Occupancy Rooms

_____ # of Female Double Occupancy Rooms

_____ Total # of Female Participants

_____ # of Male Single Occupancy Rooms

_____ # of Male Double Occupancy Rooms

_____ Total # of Male Participants

Check In/Check Out: (*Earliest Check-in date is 5/21/18; Latest Check-out date is 8/11/18*)

Arrival Date: _____

Departure Date: _____

If some participants are arriving late or leaving early, please provide details in the space below:

Dining:

Per University Policy 5010, all long term stay groups residing in residence halls must purchase a 19 meal, per week dining plan from Dining Services throughout their stay. This dining plan will be prorated to the length of stay.

Payment Information:

Method of Payment (Please check one)

Interdepartmental Service Request (ISR) Foundation Account

Non-University Funds (check, credit card, etc) Attendees will pay via online portal

This is a request for services only and does not guarantee availability or ensure reservations. The Conference Services Contract, when completed, will confirm and guarantee reservations.

Client Signature: _____

Date: _____

Please return completed form to:

Conference & Guest Services | 134 New Hall West (0919) | 190 West Campus Drive | Blacksburg, VA 24061
or: conferences@vt.edu