

# 2018 Conference/Camp Information Form

Please complete a separate form for each camp or conference you are planning.



Name of Conference/Camp: \_\_\_\_\_

Sponsoring Department or Organization: \_\_\_\_\_

## Primary Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Billing Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## About Your Conference:

Please use the following space to provide us with a brief description of your conference program (purpose, activities, age range of participants etc.) as well as any special requests that we should take into account when preparing your contract.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this camp have minors?       Yes       No

ADA Needs: \_\_\_\_\_

Conference/Camp Website: \_\_\_\_\_

On-Site Emergency Contact (**required**): \_\_\_\_\_

Cell-Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Accommodations:

Type of residence hall requested:    \_\_\_\_\_ Traditional - A/C                      \_\_\_\_\_ Traditional without A/C  
   \_\_\_\_\_ Suite Style - A/C                      \_\_\_\_\_ Suite Style without A/C  
   \_\_\_\_\_ Private Bath - A/C

Preferred Residence Hall: \_\_\_\_\_  
(Requests can be made, but there are no guarantees your group will be housed in your preferred residence hall)

Will you need access to a lounge or room for a camp store?       Yes       No

If yes, please specify your needs: \_\_\_\_\_

**Estimated Participant Numbers:**

\_\_\_\_\_ # of Female Single Occupancy Rooms  
\_\_\_\_\_ # of Female Double Occupancy Rooms  
\_\_\_\_\_ # of Female Single Staff Rooms  
\_\_\_\_\_ # of Female Double Staff Rooms  
\_\_\_\_\_ Total # of Female Participants

\_\_\_\_\_ # of Male Single Occupancy Rooms  
\_\_\_\_\_ # of Male Double Occupancy Rooms  
\_\_\_\_\_ # of Male Single Staff Rooms  
\_\_\_\_\_ # of Male Double Staff Rooms  
\_\_\_\_\_ Total # of Male Participants

**Check In/Check Out:**

Staff Arrival Date: \_\_\_\_\_  
Participant Arrival Date: \_\_\_\_\_

Staff Departure Date: \_\_\_\_\_  
Participant Departure Date: \_\_\_\_\_

**Additional Spaces:**

Please list any additional spaces on campus you like Conference and Guest Services to reserve (e.g., BreakZone, pool, gym, etc.) Please include dates and times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dining:**

Per University Policy 5010, all groups residing in residence halls must purchase a full dining plan from Dining Services throughout their stay.

First staff meal and date: \_\_\_\_\_  
Last staff meal and date: \_\_\_\_\_  
First participant meal and date: \_\_\_\_\_  
Last participant meal and date: \_\_\_\_\_

Preferred Meal Times (*Please note that during times of high volume, time adjustments may be required*)

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

*For a better dining experience, you may want to consider choosing meal times outside of these peak hours:  
Breakfast: 8am-9am | Lunch: Noon-1pm | Dinner 5:30pm-6:30pm*

Estimated # of commuters: \_\_\_\_\_

Which, if any, meals will commuters eat on campus?

\_\_\_\_\_  
\_\_\_\_\_

**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](mailto:conferences@vt.edu)