

Villanova University Office of Conference Services

Meeting Information Sheet #1

Please e-mail this Info Sheet to Conference Services by the date indicated below. Please call us with any questions or comments at 610-519-7790. **Both sides** must be completed.

Meeting Info Sheet #1- Due

Today's Date: _____

Section 1:

Group/Organization/Department Name: _____

Program/Event Name: _____

Describe the age range of your attendees: _____

Date of Arrival: _____ Hours of Program Check-In: _____ to _____

Hours of Housing Check-In: _____ to _____ (Standard: after 3pm)

Date of Departure: _____ Hours of Program Check-Out: _____ to _____

Hours of Housing Check-Out: _____ to _____ (Standard: by 11am)

Date(s) of Staff Arrival: _____ Number of Staff: _____

Early Arrivals, per arrangement (#s incl. staff / Dates): _____ / _____

Late Departures, per arrangement (#s incl. staff / Dates): _____ / _____

Desired Registration Sites for Program: _____ Tables/Chairs needed from OCS: _____ / _____ by Date/Time: _____ / _____

Housing: _____ _____ / _____ _____ / _____

Conference Services Staff requested for Housing Check-In, based on availability: ☐ Yes, ____ to ____
(3 hours complimentary, \$20.00 per staff per hour for additional hours) ☐ No

Section 2:

Primary Group Administrator/Planner: _____ ☐ on site ☐ off site

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Associate Administrator/Planner (on site): _____

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Group Billing Address: _____

Billing Contact, if different from above: _____

****VU Groups only - 6 Digit Department Index number(only one index can be charged)** _____

*Charges posted to grant indexes(an Index that starts with 5XXXXX) have to be approved by a grant's principal investigator and Office of Grants and Contract. Written approval must accompany this form

****Non VU groups only - Tax exempt status:** Tax Exempt Not Tax Exempt

*Each group is responsible for providing their tax exempt certificate with a signed contract

Contact for housing/dining arrangements: ☐ Primary Planner ☐ Associate Planner ☐ Other _____

Contact to call for on-site emergencies and off-hour arrivals: _____

Cell Phone No./E-Mail: _____

Form continues on next page!

Section 3: **(Estimates)**

A. Housing/Commuter Estimates

* Please pay attention to gender breakdown in the columns below

	Residents (M/F)	Commuters (M/F)	Total (M/F)
Number of Staff	/	/	/
Number of Participants	/	/	/
Total	/	/	/

Bed linen will be ordered for the estimated number of total residents above, linen order numbers cannot be adjusted after submitting information sheet 1. The total number of residents above will receive linen.

Bed Linen Requested Yes No

B. Dining Hall Meal Estimates

List your **estimated numbers of diners** for on-campus Dining Hall meals in the appropriate fields for each day of your stay (continue on separate sheet, if necessary). Please indicate the time-slot **requested** for meals below (15 min increments), we will do our best to accommodate group times, each group receives a **45- minute window** to eat a meal in the dining hall. If times vary for different days, please provide a schedule.

Breakfast (7a -9a):_____ Lunch (10:45a - 2:15p):_____ Dinner(4:15p -7p): _____

Day/Date	Breakfast #s	Lunch #s	Dinner #s

C. Catering***When ordering catering please indicate that you are a Conference Services Group**

Describe your on-campus Catering needs by indicating the type of function, location and time for the appropriate days. **Include estimated numbers.** Catering functions include: catered breakfasts/lunches/dinners, tote-bag meals, morning/afternoon refreshment breaks, receptions, evening socials or other (please explain). You will also need to contact Villanova Catering (610-519-5521 / constance.healy@villanova.edu) to place this Catering order and McKenzie Suber-Robinson (610-519-7580 / mckenzie.suber-robinson@villanova.edu) to discuss locations for your functions. Keep Conference Services informed of any last-minute changes.

Day/Date	Type of Function	Location	Time	Number of Diners

Do you have individuals with disabilities in your group? ☐ Yes* ☐ No
Do you have individuals with special dietary requirements in your group? ☐ Yes* ☐ No

*If yes, please provide details below. Conference Services will manage any arrangements with Dining Services etc. for you.

Notes:
