

Villanova University Office of Conference Services
Meeting Information Sheet #1

Please fax (610-519-7869) or e-mail (stefanie.austinat@villanova.edu) this Info Sheet to Conference Services by the date indicated below and keep a copy for your records. With any questions or comments, please call us at 610-519-7790. **Both sides must be completed.**

Meeting Info Sheet #1 - Due April 1, 2009

Today's Date: _____

Section 1:

Group/Organization/Department Name: _____
Program/Event Name: _____

Date of Arrival: _____ Hours of Program Check-In: _____ to _____
Hours of Housing Check-In: _____ to _____ (Standard: 3pm)
Date of Departure: _____ Hours of Program Check-Out: _____ to _____
Hours of Housing Check-Out: _____ to _____ (Standard: 12pm)

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: _____

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

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

Form continues on next page!

Section 3: (Estimates)

A. Housing/Commuters

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

B. Dining

Designate your on-campus Dining Hall meals by indicating "D" in the appropriate fields for each day of your stay. (Please continue on separate sheet, if necessary.)

| Day/Date | Breakfast | Lunch | Dinner |
|----------|-----------|-------|--------|
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C. Catering

Describe your on-campus Catering needs by indicating the type of function, location and approximate time for the appropriate days. 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 Catering (610-519-7273) to place this Catering order and Ron Diment (610-519-7580) to discuss locations for your functions.

| Day/Date | Type of Function | Location | Approximate Time |
|----------|------------------|----------|------------------|
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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 and call 610-519-7790 for arrangements.

Notes:
