OFF CAMPUS CONFERENCE FORM

TODAY’S DATE: __________________________

CONFERENCE NAME: __________________________________________

SPONSORING GROUP/ORGANIZATION: __________________________________

CONTACT INFORMATION

NAME: ___________________________________ EMAIL: __________________________________

PHONE: ____________________________ FAX: ____________________________

MAILING ADDRESS: ___________________________________ STATE: ________ ZIP CODE: ____________

PREFERRED CONFERENCE DATE(S):  
1. __________________________________

(PLEASE LIST IN PREFERENCE ORDER)  
2. __________________________________

3. __________________________________

WILL YOU NEED ONE OR MORE MEETING ROOMS?       _____Yes       _____No

WILL YOU NEED OUTDOOR SPACE (FOR BAND GROUPS, ETC.)? _____Yes       _____No

WILL YOU NEED TO USE THE PICNIC AREA?       _____Yes       _____No

WILL YOU NEED ON-CAMPUS DINING SERVICES?       _____Yes       _____No

(PLEASE UNDERSTAND THAT ALL FOOD SERVICES ARE PROVIDED BY ARAMARK.)

WILL YOU NEED OVERNIGHT LODGING FOR PARTICIPANTS?       _____Yes       _____No

WILL SPECIAL ASSISTANCE BE NEEDED FOR ANY PARTICIPANT?       _____Yes       _____No

IF “YES,” PLEASE DESCRIBE: __________________________________________

________________________________________________________________________

________________________________________________________________________

COST:

ALL CHARGES/FEES WILL BE ASSESSED UPON AFFIRMATION OF CONFERENCE DATES, ROOM AND EQUIPMENT

REQUIREMENTS, ETC.

SPECIAL REQUESTS/COMMENTS: __________________________________________

________________________________________________________________________

________________________________________________________________________

YOU MAY CONTACT JENNIFER HOOD AT 828-227-7303 WITH ADDITIONAL QUESTIONS.

THIS FORM MUST BE SUBMITTED TO JENNIFER HOOD AT

JHOOD@WCU.EDU (AS AN ATTACHMENT) OR BY MAIL TO WCU, MADISON ROOM 101, CULLOWHEE, NC 28723.