



# Conference Services

## Summer 2018 Registry

DEPARTMENT OF AUXILIARY SERVICES

Please complete one form per session or week.

### SECTION 1: CONTACT & GROUP INFORMATION

Name of Conference: \_\_\_\_\_ Dates of Conference: \_\_\_\_\_

Session #: \_\_\_\_\_ Age Range of Group Participants: \_\_\_\_\_

Adult supervision of minor participants is required at a ratio of 8:1 unless otherwise permitted by Associate Vice President of Auxiliary Services.

Conference Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

### SECTION 2: HOUSING ACCOMMODATIONS

Strozier (\$T)  Gunn/Bowdon (\$T)  Oaks (\$S)  Tyus (\$S)  Univ. Suites (\$S)  Center Pointe (\$S)  Arbor View (\$A)

Estimated number of participants (including staff) residing in Residence Halls: \_\_\_\_\_

Estimated number of commuters: \_\_\_\_\_

Estimated number of family members or non-participants of coaches and staff. \_\_\_\_\_

Please indicate the number of participants and staff broken down by gender residing in the halls by desired room type below:

| Room Type                           | Male Participants | Female Participants | Staff Male | Staff Female |
|-------------------------------------|-------------------|---------------------|------------|--------------|
| Traditional (\$T) - \$25.98 nightly |                   |                     |            |              |
| Suites (\$S) - \$29.10 nightly      |                   |                     |            |              |
| Arbor View (\$A) - \$30.14 nightly  |                   |                     |            |              |

Please note: Administrative Fee \$1.75 per person/night including partial days is in addition to the per night room fee.

Will your program operate a camp store? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\* If yes, UWG will charge a \$50.00 or 10% of daily sales whichever is greater.

**SECTION 3: ARRIVAL AND DEPARTURE TIMES**

Arrival Date: \_\_\_\_\_

Approximate Check-In Time: \_\_\_\_\_ a.m./ p.m.

Early Arrivals? \*\* YES NO

Departure Date: \_\_\_\_\_

Approximate Check-Out Time: \_\_\_\_\_ a.m./ p.m.

Late Departures? \*\* YES NO

Please let us know of any special needs/ADA requirements that any of your participants or staff may have.

*\*\*Please attach a list of participants arriving early or departing late to this form. Include the approximate arrival and/or departure time for each individual.*

**SECTION 4: FACILITIES AND MEETING ROOMS**

Please be as specific as possible and do not simply note "same as last year."

Will your group need meeting rooms or fields? YES NO

| Date | Facility/Field | Time           | Venue Preference | Activity Name |
|------|----------------|----------------|------------------|---------------|
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |
|      |                | am/pm to am/pm |                  |               |

Please indicate preferred room set-up (additional requests and/or details may be included on a separate sheet of paper):

\_\_\_\_\_ Theater    \_\_\_\_\_ Classroom    \_\_\_\_\_ Conference    \_\_\_\_\_ Banquet    \_\_\_\_\_ U-Shape

\_\_\_\_\_ Stage(s)    \_\_\_\_\_ Dimensions

Audio Visual Needs: \_\_\_\_\_ Projector    \_\_\_\_\_ Public Address system    \_\_\_\_\_ Wireless microphone

Other (please describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 5: FOOD SERVICE

Estimated number of participants (including staff) dining with your group: \_\_\_\_\_

Please write in the meals you plan on eating in the Dining Hall, and the preferred time. In order to best meet the needs of your group, it is important that you provide this information for each meal of the day. Please be as specific as possible and do not simply note "same as last year." This information will be shared with Dine West so that they may provide dining services and coordinate any special culinary needs.

In order to ensure all accommodation requests, the Conference Contact is responsible for providing the final number of participants to the Manager Auxiliary Services six business days prior to camp check-in. Dine West, our campus food services partner, will staff and prepare meals and bill the camp at a minimum based on these final numbers.

| Date | Day       | Breakfast | Lunch | Dinner |
|------|-----------|-----------|-------|--------|
|      | Sunday    |           |       |        |
|      | Monday    |           |       |        |
|      | Tuesday   |           |       |        |
|      | Wednesday |           |       |        |
|      | Thursday  |           |       |        |
|      | Friday    |           |       |        |
|      | Saturday  |           |       |        |

Will your group need catering? YES NO

If yes, please briefly describe your catered event and culinary needs below.



**SECTION 7: Special Request:**

Please list special equipment and supplies that you will need. This includes ice (quantities per day), storage containers (size and number).

**SECTION 8: BILLING**

To whom do you wish this conference to be billed?

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Organization or Department to be billed

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form before \_\_\_\_\_, 2018. A confirmation email will be sent to you once this form has been received by the Conference Services Office. Upon receipt of the reservation form, a confirmation phone conversation will occur between the primary contact of the camp/conference and the Manager Auxiliary Services to discuss the housing needs of the camp/conference, the contract and policies, as well as to clarify details of the needed equipment/services of the camp/conference.

Please complete and return to: Seth Cowart  
 Manager Auxiliary Services  
 University of West Georgia  
 1601 Maple Street  
 Carrollton, GA 30118  
 Phone: (678) 839-2369 Fax: (678) 839-5073

Office Use Only:

Date Received: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Meeting Date: \_\_\_\_\_