



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: _____