

2016 Intent to Schedule Form



HOUSING AND
Residential Life
Marketing and Conferences

Please complete a separate form for each camp or conference you are planning.

Name of Conference Group

Group Coordinator/Primary Contact

Name: _____

Title: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

FAX Number: _____

Email Address: _____

Secondary Contact (if any):

Name: _____

Title: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

FAX Number: _____

Email Address: _____

Please use the following space to provide us with a brief description of your conference program (purpose, activities, etc.) as well as any special requests or unique circumstances you may have that we should be aware of, and/or that we should take into account when preparing your contract.

Requested Accommodations

Type of Hall Requested: Community Style Hall Village Suite Deluxe Suite

Preferred Hall: _____

(Requests can be made, but no guarantees are made to assignments.)

_____ # Female Single Occupancy Rooms

_____ # Female Double Occupancy Rooms

_____ # Female Staff Rooms

_____ # Male Single Occupancy Rooms

_____ # Male Double Occupancy Rooms

_____ # Male Staff Rooms

_____ Total # of Female Participants

_____ Total # of Male Participants

Linen Service: Full Partial None

The \$10.00 linen service is with the room made up and changed every 4th consecutive day.

The \$6.00 linen service is linen provided and the customer makes the bed with the linen changed every 4th consecutive day.

Arrival Date: Staff _____

Departure Date: Staff _____

Arrival Time: _____

Departure Time: _____

Arrival Date: Participants _____

Departure Date: Participants _____

Payment and Contract Information

Method of Payment (please check one)

Campus Vendor Invoice (Account Number _____)

Grant Funding (Grant Number _____)

OSU Foundation Funding

Non-University Funds (cash, check, etc)

If non-University funds was checked, please provide the following information for the individual/organization responsible for payment:

Name: _____

Address/PO Box: _____

City/State/Zip: _____

Phone Number/Email: _____

This is a request for services only and does not guarantee availability or ensure reservations as requested. The Conference Services Agreement, when executed, will confirm and guarantee reservations.

Signature of Group Coordinator

Date

Please Return to:

Oklahoma State University
Department of Housing and Residential Life
Conference Services
086 Bennett Hall
Stillwater, OK 74078
P: 405-744-4471 F: 405-744-1999
E: osuconf@okstate.edu
W: www.reslife.okstate.edu