

2014 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 _____

ADA Needs: _____

Age of Conference Participants: Elementary School Junior High High School
Check all that Apply College Adult

Conference Purpose/Focus: Academics Athletic Faith-Based
 Service General Instructional/Training

Will you need room for a camp store? Yes No

Will boxes be delivered to campus prior to your camp? Yes No
There will be a \$5.00 per box storage fee.

Parking Permits

How many parking permits will be needed? _____

Parking permits are required for each vehicle parked on the OSU campus during the camp/conference. They are available for \$1.00 each. The charge will be added to the final billing.

Other Services

Please list any non-food services such as AV needs, classrooms, meeting rooms, etc. that your group may need within the Residential Life facilities. Please note there may be a small charge associated with these requests.

Date Needed	Time/Location	AV Needs	Meeting Room/ Classroom Space	Tables/Chairs/Etc.

Miscellaneous Services:

Dining: If Client desires dining services, please directly contact University Dining Services, 405-744-7053, to make those arrangements. Other dining needs such as box lunches and/or banquets may be planned and conducted by mutual agreement between the Client and the caterer of choice. Housing and Residential Life does not preclude any licensed caterer from serving within the Residential facilities. Celebrations Catering, the University Caterer, may also be reached at the above number.

Payment and Contract Information

Method of Payment (please check one)

Campus Vendor Invoice (Account Number _____)

OSU Foundation Funding/Grant (Grant Number _____)

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