Meeting Information Sheet #2 -- 2017

Please fax (610-519-7869) or e-mail (stefanie.austinat@villanova.edu) this Info Sheet to Conference Services by the date indicated below and keep a copy for your records. With any questions or comments, please call us at 610-519-7790. Both sides must be completed.

Meeting Info Sheet #2 - Due

Section 1:
Group/Organization/Department Name: ________________________________________________
Program/Event Name: _______________________________________________________________

Date of Arrival: ___________________ Hours of Program Check-In: _______ to _______
Hours of Housing Check-In: _______ to _______ (Standard: after 3pm)
Date of Departure: __________________ Hours of Program Check-Out: _______ to _______
Hours of Housing Check-Out: _______ to _______ (Standard: by 11am)

Date(s) of Staff Arrival: ______________ Number of Staff: __________________________________
Early Arrivals, per arrangement (#s incl. staff / Dates): __________________ / ______________
Late Departures, per arrangement (#s incl. staff / Dates): __________________ / ______________

Desired Registration Sites for Program: ___________________ Tables/Chairs by Date/Time:
needed from OCS: ______ / ______
Housing: ___________________ ______ / ______

Conference Services Staff requested for Housing Check-In, based on availability: Yes, ____ to ____
(3 hours complimentary, $20.00 per staff per hour for additional hours) No

Section 2:
Primary Group Administrator/Planner: ____________________________________________ □ on site □ off site
Address: _____________________________________________________________________
Office Phone Number: ___________________________________________________________
Cell Phone Number: ___________________________________________________________
E-mail Address: ________________________________________________________________

Associate Administrator/Planner (on site): _________________________________________
Address: _____________________________________________________________________
Office Phone Number: ___________________________________________________________
Cell Phone Number: ___________________________________________________________
E-mail Address: ________________________________________________________________

Group Billing Address: __________________________________________________________
Billing Contact, if different from above: ____________________________________________

Contact for housing/dining arrangements: □ Primary Planner □ Associate Planner □ Other ______

Contact to call for on-site emergencies and off-hour arrivals*: _____________________________
Cell Phone Number: ___________________________________________________________
E-mail Address: ________________________________________________________________
(* will also be added to VU Nova Alert campus alert system for Summer 2017)

Form continues on next page!
### Section 3: (Estimates)

#### A. Housing/Commuters

<table>
<thead>
<tr>
<th></th>
<th>Residents (M/F)</th>
<th>Commuters (M/F)</th>
<th>Total (M/F)</th>
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<tbody>
<tr>
<td>Number of Staff</td>
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<td>Number of Participants</td>
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<td>Total</td>
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#### B. Dining Estimates

List your estimated numbers of diners for on-campus Dining Hall meals in the appropriate fields for each day of your stay. (Please continue on separate sheet, if necessary.)

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Breakfast #s</th>
<th>Lunch #s</th>
<th>Dinner #s</th>
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#### C. Catering

Describe your on-campus Catering needs by indicating the type of function, location and approximate time for the appropriate days. Include estimated numbers. Catering functions include: catered breakfasts/lunches/dinners, tote-bag meals, morning/afternoon refreshment breaks, receptions, evening socials or other (please explain). You will also need to contact Catering (610-519-7273) to place this Catering order and Ron Diment (610-519-7580) to discuss locations for your functions.

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Type of Function</th>
<th>Location</th>
<th>Approximate Time</th>
<th>Estimated Diners</th>
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Do you have individuals with disabilities in your group?  □ Yes* □ No
Do you have individuals with special dietary requirements in your group?  □ Yes* □ No

*If yes, please provide details below. Conference Services will manage any arrangements with Dining Services etc. for you.

### Notes:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________