

Villanova University Office of Conference Services Meeting Information Sheet #1 -- 2020

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 1 - Due by Wed, April 1, 2020

Today's Date: _____

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 needed from OCS: _____ / _____ by Date/Time: _____ / _____
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 No./E-Mail: _____

Form continues on next page!

Section 3: **(Estimates)**

A. Housing/Commuter Estimates

	Residents (M/F)	Commuters (M/F)	Total (M/F)
Number of Staff	/	/	/
Number of Participants	/	/	/
Total	/	/	/

B. Dining Hall Meals

Designate your on-campus Dining Hall meals by indicating "D" in the appropriate fields for each day of your stay. (Please continue on separate sheet, if necessary.)

Day/Date	Breakfast	Lunch	Dinner

C. Catering

Describe your on-campus Catering needs by indicating the type of function, location and approximate time for the appropriate days. 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 Villanova Catering (610-519-5521 / constance.healy@villanova.edu) to **place this Catering order** and McKenzie Suber-Robinson (610-519-7580 / mckenzie.suber-robinson@villanova.edu) to discuss locations for your functions.

Day/Date	Type of Function	Location	Approximate Time

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:
