

# Villanova University Office of Conference Services Meeting Information Sheet #3 -- 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 #3 - Due**

Today's Date: \_\_\_\_\_

*Also due, as applicable: Housing Spreadsheet, Program Schedule, Minor Roster, Staff Roster*

## 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: (**Guarantees**)

#### A. Housing/Commuter Guarantees

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

#### B. Dining Hall Meal Guarantees

List your **guaranteed 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.)

Day/Date	Breakfast #s	Lunch #s	Dinner #s

#### C. Catering

Describe your on-campus Catering needs by indicating the type of function, location and time for the appropriate days. **Include guaranteed 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 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. Keep Conference Services informed of any last-minute changes.

Day/Date	Type of Function	Location	Time	Number of Diners

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:**

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