University Housing
SUMMER CONFERENCE RESERVATION FORM

10/_____/_____/_____
conference #/counselor conf #/week
(to be filled in by University Housing)

This form can also be found at http://housing.uiowa.edu/conferences/confresform.pdf

CONFERENCE NAME: _____

SPONSORING DEPARTMENT: _____

CONTACT PERSON(S): _____

CAMPUS ADDRESS: _____ **PHONE:** _____

EMAIL ADDRESS: _____

AGE OF GROUP: ☐ adult ☐ college ☐ high school ☐ junior high ☐ elementary

 # PARTICIPANTS: _____ total _____ male _____ female

 # COUNSELORS: _____ total _____ male _____ female
Required in a ratio of at least 1:20 for any groups under age 18.

Note: must check-in after 4:00 p.m. and check-out by Noon! If counselor dates are different, please use a separate form.

CHECK IN (after 4 p.m.) _____ **CHECK OUT (by noon)** _____
day date day date

ROOM TYPE: ☐ single ☐ double ☐ triple
AIR CONDITIONING ☐ a must ☐ preferred ☐ not necessary

BUILDING PREFERENCE: _____

WEEKLY SERVICE: Please check one (conferences in Mayflower must select service level 2). Service level "1" is included in the room base rate. Service level "2" is an additional nightly charge of approximately $1.26 per day.

☐ **Service Level 1**
bed not made up
bed linen changed wkly
no towels provided
room cleaned weekly
trash emptied twice wkly
pillow and bedspread

☐ **Service Level 2**
bed not made up
bed linen changed wkly
towels provided daily
room cleaned weekly
trash emptied daily
pillow and bedspread

☐ **BOARD** ☐ **MEAL TICKETS** ☐ **NO MEALS IN RESIDENCE HALLS**

IF BOARD:
Beginning Meal: _____ Ending Meal: _____
meal day/date meal day/date

Special Requests (meals that will be missed, etc.) _____

BILLING: ☑ departmental requisition

COMMENTS: _____

Name of person completing form _____ **Date** _____

Please send completed forms to Carrie Kiser-Wacker at 4141 Burge Hall.

RESET