

Summer 2006 Conference Reservation

Thank you for choosing University Housing and Dining Services at Oregon State University for your summer conference housing and meal service. **To make your conference reservation, complete all areas (required), sign and date the form, and return it to the UHDS office at least three months prior to your group's intended arrival on campus.** Enclose your \$600 reservation deposit if applicable.

Contact Information

Name of Conference _____

Oregon State University Sponsor Information (Required for eligibility):

Name of sponsor _____

Sponsor's department or agency _____

Campus address _____

Business phone (___) _____ Fax (___) _____ E-mail _____

Cell phone/pager (___) OSU account index and account code _____

Conference Coordinator (Person who will handle details of housing and/or meal arrangements)

Name _____

Mailing Address _____

Business phone (___) _____ Fax (___) _____ E-mail _____

Cell phone/pager (___) _____ Evening & weekend phone during the conference (___) _____

Housing Information

Group's intended arrival day(s) and date(s) _____

(Include staff arrival dates, if different than participants'. Early arrivals are subject to UHDS approval.)

Expected residence hall check-in time(s) _____ Standard check-in time is 3 p.m.

(Early or late check-in is subject to UHDS approval.)

Expected departure day(s) and date(s) _____ Standard checkout time is 11 a.m.

(Include staff departure dates, if different than participants'. Late departures subject to UHDS approval.)

Estimated number of staff and participants staying in the residence hall(s) _____

Important! Failure to provide a minimum guarantee number at least two weeks prior to arrival results in this number being used as your guarantee number for invoice purposes (for

housing and meals).

Group type: Adults Families Youths *(Rates are the same for all types.)*

Type of rooms: Double rooms Single rooms

(Youths are assigned to double rooms. Adults may choose double or single rooms, depending on availability.)

Linen amenity for the group Yes No

Laundry facility privileges for the group Yes No

Accommodations for guests with medical or mobility needs (specify)

Requests for meeting and gathering space in UHDS facilities. *(Subject to availability. Floor lounges are available at no charge.)*

Floor lounges of hall Yes No **Banquet rooms** in dining centers Yes No

Special requests (specify) _____

Meals

Please complete the chart below to request meals for your conference. Place an "X" in the box for each meal you wish for your group.

Day	Date <small>(or date range if meals are same)</small>	Breakfast	Lunch	Dinner

Requests for catered events or boxed meals (Specify type and dates) _____

Other special meal or dietary requests (Specify) _____

Billing Information

For groups with established university accounts at OSU: Include your index number and account code in the "Contact Information" section of this form, or here.OSU

Account Index _____ Activity Code _____

For groups that are pre-approved by UHDS to pay by check or money order, in U.S. dollars only ("Direct billing"):

Include your address for invoicing, and submit your \$600 deposit with this reservation form.

Name _____ Company _____

Address _____

City _____ State _____ Zip Code _____

UHDS Conference Housing and Meal Services Agreement

I have read the Summer 2006 Conference Reservation Form and agree to all of the conditions outlined in the document. I understand that the guarantee number I provide is the same for housing and meals, irrespective of whether I choose one or both options, and that it is required at least two weeks prior to my group's arrival on campus. I agree that the minimum invoice will be based on these numbers. If I fail to provide my guarantee numbers on time, I understand that the estimated number of staff and participants indicated on this reservation form will be used as the basis for minimum invoice charges; I further understand that my group would not be eligible for the 5% discount. I agree that the 5% discount is only applicable to the guarantee numbers that I provide at least two weeks in advance. My invoice will reflect any keys not returned from my group, and I understand that additional guests, additional nights stayed, additional meals, extra staffing fees, damages to facilities, equipment or linen, plus any other fees incurred by my group, will be invoiced at stated prices. These are not eligible for the 5% discount. If the conference is canceled less than 30 days before the arrival date, I understand that my program will be charged a \$600 cancellation fee. I understand that I am responsible for the supervision of my group's participants and staff, and that it is my responsibility to address any conduct or behavioral issues. I understand that conduct or behavior issues could result in my group being asked to leave campus, with no refund for an interrupted stay. I agree to provide proof of insurance and to hold harmless the State of Oregon and Oregon State University and its employees, agents, and officers from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of my conference group, its agents, or participants.

Name (Please print) _____ Dept/Office _____

Signature _____ Date _____

How to Contact UHDS

University Housing & Dining Services
Oregon State University
115 Poling
Corvallis, OR 97331-8520

Telephone: 541-737-9195
Fax: 541-737-0686
E-mail: uhds@oregonstate.edu
Web: oregonstate.edu/uhds/conferences