CONFERENCE SERVICES
University of California, Santa Cruz
100 Enterprise Way, Suite E100, Scotts Valley, CA 95066
Mail Stop: Conference Services
Telephone: (831) 459-2611 ♦ email: conf@ucsc.edu
http://www2.ucsc.edu/conference

♦ APPLICATION FOR USE OF UCSC FACILITIES♦

♦ GROUP INFORMATION

Name of Conference: _____

Conference Dates: Arrival_____ Departure_____ (use attachment for multiple sessions)
(mm/dd/yy)   (mm/dd/yy)

Type of participant: ☐ youth academic ☐ youth sports ☐ other youth ☐ college age ☐ adult ☐ families

Sponsoring Organization: _____

Business Address: _____

Financial Contact: _____

Email: _____ Telephone: _____ Web Site: _____

Contact for Conference Planning: _____

Email: _____ Telephone: _____ Cell: _____

On-Site Conference Director *(if different from Conference Planner):* _____

Email: _____ Telephone: _____ Cell: _____

♦ HOUSING REQUEST *INCLUDES THREE MEALS PER DAY*

Total number to be housed:_____ How many are staff?_____

People housed in singles: _____ *(one person per bedroom)* People housed in doubles: ____ *(two persons per bedroom)*

Do you anticipate arrivals/departures outside dates of conference? ☐ Yes ☐ No ☐ Staff Only

Do you anticipate any special accessibility ☐ Yes ☐ No

Do you need separate housing for any staff? ☐ Yes ☐ No

Youth Groups only: _____% Male _____% Female _____Ages

NOTE: Rates are based on a minimum of 30 participants staying 3 nights. A surcharge will apply for smaller groups and/or shorter stays.

♦ COMMUTERS *THOSE ATTENDING THE CONFERENCE BUT NOT STAYING ON CAMPUS*

Do you expect commuters or day campers (daily participants not housed on campus)? ☐ Yes, how many_____ ☐ No

Commuters will each be charged program fee. This fee does not include parking, meals or recreational fees.
Commuters may not exceed 20% of housed participants.

♦ MEALS *MEALS BEGIN WITH DINNER ON DAY OF ARRIVAL AND END WITH LUNCH ON DAY OF DEPARTURE. DINING HALLS ARE SHARED WITH OTHER ADULT AND YOUTH CONFERENCES. GROUPS WILL BE ASSIGNED SPECIFIC DINING TIMES FOR EACH MEAL.*

Do you anticipate your group missing a meal due to an off campus event? ☐ Yes ☐ No

Will you require catering during the conference? ☐ Yes ☐ No

♦ MEETING ROOMS

Type of Room (classroom, lecture hall, casual/ lounge, open area for display, or social space)	Number of Rooms	Capacity	Audio/Visual Equipment Required	Data Access Required?	Dates	Hours

♦ OTHER REQUIREMENTS

Computer Labs: ☐ Yes *(Circle all that apply):* PC   Mac   Wireless   ☐ No

Recreational Facilities: ☐ Yes *(please complete separate recreation form)*   ☐ No

Transportation (UCSC vehicles or bus service):   ☐ Yes   ☐ No

An on-site office during program dates: ☐ Yes   ☐ No

Long distance telephone access: ☐ Yes   ☐ No

♦ GENERAL INFORMATION

How did you hear about UCSC Conference Services? _____

♦ UC SPONSORSHIP

Will your conference be sponsored by a UC Department: ☐ Yes   ☐ No

Campus: _____   Department: _____

Department Contact: _____   Phone: _____

Recharge/FOAPAL: _____   ERF# (UCSC only): _____

☐ **I HAVE ATTACHED A CURRENT CONFERENCE AGENDA OR A SAMPLE PROGRAM FROM A PREVIOUS YEAR.**

☐ **I HAVE READ AND UNDERSTAND THE ENCLOSED <u>UCSC CONFERENCE SERVICES POLICY HANDBOOK</u>.**

☐ **DEPOSIT CHECK OR RECHARGE ENCLOSED** *($10.00 PER PERSON OR $1,000, WHICHEVER IS GREATER; CHECKS PAYABLE TO <u>UC REGENTS</u>).*

☐ **I UNDERSTAND THAT RECEIPT OF DEPOSIT/APPLICATION DOES NOT GUARANTEE ACCOMMODATION.**

☐ **I UNDERSTAND THAT MY DEPOSIT IS NOT REFUNDABLE UNLESS UCSC IS UNABLE TO ACCOMMODATE MY REQUEST.**

_____   _____
Signature of authorized representative   **Date**