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 needs? ☐ 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

<table>
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<tr>
<th>Type of Room (classroom, lecture hall, casual/lounge, open area for display, or social space)</th>
<th>Number of Rooms</th>
<th>Capacity</th>
<th>Audio/Visual Equipment Required</th>
<th>Data Access Required?</th>
<th>Dates</th>
<th>Hours</th>
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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 UCSC CONFERENCE SERVICES POLICY HANDBOOK.
☐ DEPOSIT CHECK OR RECHARGE ENCLOSED ($10.00 PER PERSON OR $1,000, WHICHEVER IS GREATER; CHECKS PAYABLE TO UC REGENTS).
☐ 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  ____________________________