

Eastern University Conference Services

Facility and Service Request Form for One Day Events

FSR OD

Organization Information

Org. Name

Billing Address

City State Zip Code

Name of Event

Contact Information

Contact Name

Address

City State Zip Code

Email

Phone Ext. Fax

Day of Event Number of Participants

Part #1

Client information

Please provide the legal name and billing address of your organization as printed on any checks used for paying deposits and balances. In addition please provide us with the name and contact information of the individual responsible for all correspondence with Eastern University Conference Services.

Type of Event

- Meeting
- Retreat
- Class
- Sporting Event
- Day Camp
- Other

Cell Phone

Meal Plan Parameters

Firsts Meal

Last Meal

Standard Meal Times:

Breakfast

Breakfast

-Breakfast 8am- 9am

Lunch

Lunch

-Lunch 12pm- 1pm

Dinner

Dinner

-Dinner 5pm- 6pm

Date

Date

Alternate/Extended meal times requested

Special dietary needs

Specify extended meal times requests and/or special dietary needs below

Catering

Describe any special catering needs (bagged lunches, BBQs, coffee service)

Call for more information

Part #3

Dining and Catering

Please provide the meal type and date of the first and last meals of your event. All overnight guests are required to carry a meal plan that includes all meals starting with the first meal specified and through the last meal specified. The purchaser will be financially responsible for all meal plans of conference participants regardless of meal attendance unless special arrangements are made with an EU Conference Coordinator no less than 15 working days prior to the event. All attempts will be made to accommodate individual dietary needs within the abilities of our facilities (Minimum 30 days notice). Sodexo Dining Services holds the right of first refusal for all catering on the University property. Additional fees may apply for additional catering, extended meal times and special dietary needs.

Part #4 Meeting Space

Please provide the location details for your event, i.e. meeting space and set up needs, audio visual, and recreational space. Specify whether you will need the space exclusively reserved for the entirety of your event or if the space will be available for use when not in use by you. If you would like to request specific spaces (i.e. Gough Great Room, Main Gym etc) feel free to list them in the requirements field, though the space is not guaranteed until the space confirmation is completed. All technology requests (Sound systems, projectors, TV, DVD/VCR) must be submitted no less than 30 working days prior to the arrival date of the event. Recreational "free time" activities are on a "first come first serve" basis for any un-reservable space outdoors (i.e. volleyball courts, grassy areas). The outdoor pool is available on a limited basis and will incur an additional fee.

Main Meeting Space (Assembly)

Capacity Set-up Exclusive

Requirements (A/V, staging, tables etc.) Call for more information

Additional Meeting Spaces (Break-out)

Capacity Quantity Set-up Exclusive

Requirements (A/V, staging, tables etc.) Call for more information

Athletic Facilities (sports camps only)

- | | |
|--|---|
| <input type="checkbox"/> Turf Soccer Field | <input type="checkbox"/> Main Gymnasium |
| <input type="checkbox"/> Turf Field | <input type="checkbox"/> Rec Gymnasium |
| <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Softball Field |

Recreational Facilities

Describe/Specify any recreational activities and desired times

Please use this space to explain your event needs, and further details.

Information regarding client responsibilities:

The \$500 dollar **non-refundable deposit** is due upon contract signing and an additional 30% of all estimated costs will be required 30 days prior to your event. Deposits will be credited towards the final balance or will be forfeited upon client cancellation. Payment of the remaining balance will be required within 15 days after the conclusion of the event. Additional items may require prior payment, for example rental items such as tables, chairs, AV equipment etc.

initial

Please complete this facility request document with a **full schedule** of activities listing meeting room specifications and times at your earliest convenience, but no less than thirty (30) working days prior to the arrival date.

initial

All **technology (A/V) requests** must be finalized no less than thirty (30) working days prior to the arrival date. We will not be able to guarantee availability of equipment and resources for any requests made after this time.

initial

All groups that wish to utilize Eastern University facilities must provide a **proof of insurance** coverage with a minimum of \$1,000,000 liability naming Eastern University as additional insured during the full length of the conference. In addition, when the conference includes minors, the group must show proof of \$250,000 Sexual Abuse / Molestation Insurance naming Eastern University as additional insured during the full length of the conference. Proof of insurance must be provided no less than thirty (30) working days prior to the arrival date.

initial

All groups must provide a **Guaranteed Minimum Number (GMN)** no less than fifteen (15) full working days prior to the arrival date. In the event a GMN is not provided at the due time, the number of participants specified in this document *FRS-OC 2008* will serve as a GMN carrying all financial responsibilities therein.

initial

Are you a Nonprofit Organization? **Y** **N** (Please circle one)

Are you an Educational Institution or Program? (Please circle one) **Y** **N**

Any additional comments or details?

I understand that this form is NOT a contractual agreement but rather a guide for specifying client responsibilities and for Conference Services at Eastern University to use to determine price and availability.

Please return by mail or fax to:

**Eastern University Conference Services
1300 Eagle Road
St. Davids, PA 19087
Fax: 610-341-4371**