

ON-CAMPUS DEPARTMENT CONFERENCE FORM

TODAY'S DATE: _____

CONFERENCE NAME: _____

WCU DEPARTMENT: _____ BUDGET CODE: _____

CONTACT INFORMATION

NAME: _____ EMAIL: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____ STATE: _____ ZIP CODE: _____

PREFERRED CONFERENCE DATE(S): 1. _____

(PLEASE LIST IN PREFERENCE ORDER) 2. _____

3. _____

WILL YOU NEED ONE OR MORE MEETING ROOMS? _____ YES _____ NO

WILL YOU NEED OUTDOOR SPACE (FOR BAND GROUPS, ETC.)? _____ YES _____ NO

WILL YOU NEED TO USE THE PICNIC AREA? _____ YES _____ NO

WILL YOU NEED ON-CAMPUS DINING SERVICES? _____ YES _____ NO

(PLEASE UNDERSTAND THAT ALL FOOD SERVICES ARE PROVIDED BY ARAMARK.)

WILL YOU NEED OVERNIGHT LODGING FOR PARTICIPANTS? _____ YES _____ NO

WILL SPECIAL ASSISTANCE BE NEEDED FOR ANY PARTICIPANT? _____ YES _____ NO

IF "YES," PLEASE DESCRIBE: _____

COST:

ALL CHARGES/FEEES WILL BE ASSESSED UPON AFFIRMATION OF CONFERENCE DATES, ROOM AND EQUIPMENT REQUIREMENTS, ETC.

SPECIAL REQUESTS/COMMENTS: _____

YOU MAY CONTACT JENNIFER HOOD AT 828-227-7303 WITH ADDITIONAL QUESTIONS.

THIS FORM MUST BE SUBMITTED TO JENNIFER HOOD AT
JHOOD@WCU.EDU (AS AN ATTACHMENT) OR BY MAIL TO WCU, MADISON ROOM 101, CULLOWHEE, NC 28723.