

# OFF CAMPUS CONFERENCE FORM

TODAY'S DATE: \_\_\_\_\_

CONFERENCE NAME: \_\_\_\_\_

SPONSORING GROUP/ORGANIZATION: \_\_\_\_\_

## 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.