

**SHEPHERD UNIVERSITY
CONFERENCE SERVICES
CONFERENCE REQUEST FORM**

GROUP NAME: _____

Type/Name of Function: _____

Event Dates: _____

Group Coordinator/Contact: _____ Phone: _____

Fax: _____ Email Address: _____

Address: _____

Group Size: _____ Female #: _____ Male #: _____

Participants Age Range: _____

Counselors*: Female #: _____ Male #: _____

*Required for groups with Participants who are younger than 18 years old.

Housing Needs:

Residential Hall(s) preferred: _____

Number of participants requiring lodging:

Female #: _____ Male #: _____ Special Needs: _____

A roster of all participants who will be lodging must be provided to the Conference Services Office no later than 10 business days before the conference start date.

Check IN:** Date _____ Time _____ **Check OUT**:** Date _____ Time _____

** Check in and out times are scheduled for a one to two hour period of time only. Please list the times.

Special Arrangements/Requests: _____.

Key/Key Card Pick Up and Return Location and the Place of Resident Hall Check In/Registration will be in the lobby of the residence hall where your group will be staying unless special arrangements have been made with Conference Services.

Linens are available at an additional cost. A list of those requiring linens (**towels and sheets only**) must be provided to the Conference Services Office 10 business days prior to the conference start date.

(NOTE: Pillows and Blankets can be purchased at an additional cost.)

Linens Needed: Yes ___ No ___ If yes, list the number of sets***: _____

***Minimum order of 25 sets.

Student Center Meeting Room(s)/AV Requested: Date, Time, Location, Room Setup (Attach diagram if necessary), Audio/Video Equipment Requested****, Number of participants in each room:

	ROOM	DATE(S)	TIME	NUMBER	AV EQUIPMENT
1					
2					
3					

**** Subject to availability. Some equipment may have an additional charge.

DINING SERVICES: All Breakfast, Lunch, and Dinner Meals Will Be Provided In the Dining Hall Unless Specified Otherwise ~ Please specify the **number** of participants to be served and the **Date**, Requested **Time Range**, and **Location** of each meal:

	DATE	TIME RANGE*****	NUMBER*****	LOCATION
Breakfast				
Lunch				
Dinner				
Banquets/Receptions				
Snack/Break				

Special Dietary Needs: _____

***** 25-100 participants require a meal time of one hour. Over 100 will require a longer meal time to be determined by Conference Services.

***** Minimum Number of participants to provide Dining Service is 25.

RECREATIONAL REQUESTS: Please list time ranges and dates:

	DATE	TIME
**** Student Center Games Zone (Bowling & Billiards):		
**** Wellness Center Swimming Pool:		

**** Subject to availability. Some equipment may have an additional charge.

OTHER SPECIAL REQUESTS (Special parking needs for cars and buses; Security Requirements):
(Please attach additional sheets if necessary)

Providing a copy of your group's daily conference schedule will assist us in planning your event.

Return completed form to:

**Conference Services Coordinator
Student Center
Shepherd University,
Shepherdstown, WV 25443-5000**

Phone: (304) 876-5497 Or Fax to: (304) 876-5137

EMAIL: drohel@shepherd.edu