

# CONFERENCE SERVICES GUEST HOUSING FORM 2006



Contact Date: \_\_\_/\_\_\_/\_\_\_ Conference Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Arrival Date: \_\_\_/\_\_\_/\_\_\_ *Standard Check-in time after 3 p.m.*

Departure Date: \_\_\_/\_\_\_/\_\_\_ *Check-out time is at 11 a.m.*

Estimated time of Arrival: \_\_\_\_\_: \_\_\_\_\_ AM PM

Number of Nights: \_\_\_\_\_

Number of Guests in Party: \_\_\_\_\_ *(Note any need for separate rooms due to coed guests)*

Number of Residence Hall Rooms Needed: \_\_\_\_\_ Single Room(s) \_\_\_\_\_ Double Room(s)

Linens Requested:  YES  NO *If no (whole groups only) you may deduct \$6.50 per person*

Meals Requested:  YES  NO *If yes, a separate estimated will be provided.*

Room Rates  Double Occupancy \$23.50  Single Occupancy \$32.50

*Non-Air Conditioned Rooms are not available this summer due to renovations.*

*Air Conditioned Room: \$23.50/person/night for Double Occupancy; \$32.50/person/night for Single Occupancy (linens included)*

**Note:** *Residence Hall Front doors are now locked 24 hr/ 7 days a week. We can issue each group a card, or select members in your group*

**Special Requests or Instructions:** If arriving after 6 PM please pick up keys at the Campus Police Station at the Allen building. We ask that you pay in advance if arriving after 6 PM

### Guest Agreement:

***I understand that full payment is due upon arrival and I am responsible for my personal insurance/liability while staying on the RU campus. I understand that I am responsible for the key(s) that have been issued to me and for any damage to the room or furniture replacement costs as necessary. A \$46 lost room key charge will be billed to me for any lost key(s). I understand that the Conference Staff has the right to confront any guest for purposes of identification or policy concerns. Finally, I understand that the Conference Staff reserves the right to ask any guest to vacate the room for policy violations.***

Guest's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Staff Initials \_\_\_\_\_

Payment Information:

No. of Guests \_\_\_\_\_ X \$ \_\_\_\_\_ (room rate) X No. of Nights \_\_\_\_\_ = \$ \_\_\_\_\_

Subtract \$6.50 X \_\_\_\_\_ number of persons if **not** requesting linens - \$ \_\_\_\_\_

Sales tax @ 10% X \$ \_\_\_\_\_

**TOTAL DUE = \$ \_\_\_\_\_**

Paid By:  Check *(Correct Name, Address, and Phone number should be on Check)* Credit Card:  MC  Visa

Card Number - - - Expiration Date \_\_\_/\_\_\_

CVV Code (found on back of card)

Signature \_\_\_\_\_

### OFFICE USE ONLY

Check List:

Residence Halls Assignment: \_\_\_\_\_

Rooms Assigned: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date Initials

Confirmation Sent \_\_\_\_\_

All Keys Returned \_\_\_\_\_

Guests Checked- In \_\_\_\_\_ Request taken by: \_\_\_\_\_