



UNIVERSITY OF CONNECTICUT CONFERENCE INQUIRY FORM

Please complete this form in full and attach a preliminary agenda.

GENERAL INFORMATION

Organization: _____

Contact: _____ E-mail: _____

Address: _____

Phone: _____ Fax: _____

Name of Conference: _____

Preferred Conference Dates: _____ Second Choice: _____

Conference Description: Adult Youth Academic Sports Other: _____

Is this an annual Conference? Yes No
If yes, where has this conference been held in the past? _____

Estimated # of Attendees: _____

MEETING, DINING & LODGING INFORMATION

Audio Visual Needs: (If more than one, please note)

- LCD Projector _____
- Laptop Computer _____
- Screen _____
- Microphone _____
- Flip Chart _____
- Other _____

Facilities Needed:

- General Session / Auditorium _____
- Classrooms / Meeting Rooms _____
- Banquet Space _____
- Exhibit Space _____
- Athletic Facilities _____
- Open Field Space _____
- Computer Labs _____
- Office Space _____
- Game Rooms _____
- Other _____

Lodging Needs:

Estimated number of guests lodging on campus: _____

Estimated on-campus rooms needed:
Doubles _____ Singles _____

Accommodations:

- Hotel (A / C, full service)
- Premium Residence Halls (A / C, Suite Style)
- Standard Residence Halls (Community Bathroom)
- Other Requests _____

Dining Hall Meals: (breakfast, lunch, dinner)

Catered Events: (banquets, receptions, breaks, etc.)

OTHER SERVICES

Will you require registration services? Yes No

Will you require group parking on campus? Yes No

Will you require transportation services? Yes No
If yes, what kind? _____

Will you need Directional Signage? (Signs created and placed on the campus to direct participants to the parking area and meeting location) Yes No

Other general information / requests:



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DAILY TIME LINE

PLEASE INCLUDE: ESTIMATED TIMES, REGISTRATION, MEALS, SESSIONS, BREAKS, EVENING ACTIVITIES, ENTERTAINMENT, ETC.

DAY/DATE _____

MORNING _____

AFTERNOON _____

EVENING _____

DAY/DATE _____

MORNING _____

AFTERNOON _____

EVENING _____

