

Summer Conference Inquiry Form

UCI Student Center & Event Services

University of California, Irvine

A311 Student Center ■ Irvine, CA 92697-2050

Phone Number: 949.824.5252 ■ Fax Number: 949.824.3055 ■ scsconf@exchange.uci.edu ■ www.studentcenter.uci.edu

CONTACT INFORMATION

Primary Contact(s): _____

Address: _____
(City) (State) (Zip)

Main Phone: _____ E-mail: _____

Client Type: * UC Department Campus Organization External Client

Is this Conference is co-sponsored? Yes No

If Yes, please provide the Co-Sponsor's Organization: _____

The Co-Sponsor is a: UC Department Campus Organization External Client

***UC Dept's, continue below:**

Please provide your Department's KFS Number: _____

Department Bookkeeper/Finance Contact: _____

Bookkeeper Phone: _____ Bookkeeper E-mail: _____

CAMP/CONFERENCE INFORMATION

Name of Camp/Conference: _____

Organization/Sponsor: _____

Program Website: _____

Brief Description of Program: _____

Preferred Camp/Conference Dates: _____

Proposed Camp/Conference Arrival Time: _____ Proposed Camp/Conference Departure Time: _____

Proposed Staff Arrival Date (if different): _____ Proposed Staff Departure Date (if different): _____

Alternate Camp/Conference Dates (if preferred dates are unavailable): _____

Type of Camp/Conference: Overnight Overnight & Commuter Day Camp

Age of Participants: _____ Total # of Participants: _____

Total # of Staff: _____ # of Residential Participants: _____

of Residential Staff: _____ # of Commuter Participants: _____

ROOM & BOARD PREFERENCES

Attendees at Double Occupancy: _____ # Attendees at Single Occupancy: _____

First Meal Date: _____ Last Meal Date: _____
 Breakfast Lunch Dinner Breakfast Lunch Dinner

****Note: Any extra meals before, after or during conference duration will incur additional charges. Board credits may be applied to exchange meals such as sack lunches. Guest charges apply.**

Do your Staff or Participants have any special Dietary Needs? (ex. Kosher, Halal, Gluten Free) Yes No
If yes, your Conference Coordinator contact you for details. Replacement Meals may incur additional charges.

If Staff is arriving/departing on a different date, will they be dining on campus or on their own those days?

MEETING & ACTIVITY SPACES

Do you require any Meeting Space?

Yes No

**Meeting Space includes Conference Center, Classroom, and Housing Complex rooms as available. Meeting Space is not for special functions.*

Will you have any Special Functions or Activities?

Yes No

**Special Event & Activities may include use of athletic facilities, fields or park spaces, receptions, parties, catered events, and guest speaker events.*

Meeting Space Description & Needs:

Special Function/Activity Description & Needs:

**Please specify dates, times, capacities, and setups required. Attach additional documents as needed.*

MISCELLANEOUS CONFERENCE NEEDS

Parking permits are required 7 days a week. Please indicate the number of permits you will need:

of Resident/Overnight _____ # of Visitor/Commuter _____

Do you require any additional services? Please describe:

Please provide a tentative agenda (if available) and attach any additional supporting documentation or information.

Other Comments:

OFFICE USE:

CALL BACK 1. _____ 2. _____ 3. _____

APPROVED _____ DECLINED _____ REASON: _____

MS: _____ SIC: _____ Rate Code: _____ Rate: _____ Complex: _____