Housing & Residence Life Request for Group/Conference Housing



Completion of this form generates a request for use of NSU residential facilities for group/conference housing needs. Completion of this form does not guarantee accommodations during the requested period. Upon approval from Housing & Residence Life, a Group/Conference Agreement will be generated and signed by all appropriate parties.

Street City State Zip Program Type: On-Campus (NSU affiliated) Program Off-Campus Program Group/Conference Schedule Desired Date of Arrival: Date: Check-In Time: Desired Date of Departure: Date: Check-Out Time: Participant Information Group Age (check all that apply) Elementary School Middle/Junior High School Adults Number of Counselors (For Student and Youth Sponsored Programs): Male Female Total Number of Participants: Male Female Total Number of Participants: Male Female Total Preferred Accommodations Please indicate how many of each unit type your group will need (actual assignments will be based on availability). Residents residing in permanent assignments (available during the fall and spring semesters only) (rates vary): Double Rooms (two person accommodations with on-suite bathroom) (\$30 per person per night): Double Suites (three bedroom with on-suite bathroom) (\$30 per person per night): Double Suites (three bedroom with shared use of community or suite bathroom) (\$35 per person per night): Single Rooms (private bedroom with shared use of community or suite bathroom) (\$35 per person per night): Special Accommodations (spaces needed for persons who have restricted living conditions) (rates vary): Residential Complex \$35 per person per night (Residential Complex \$35 per person per night) (Total Single Rooms (private bedroom with shared use of community or suite bathroom) (rates vary): Residential Complex \$35 per person per night (Participants and Participants of Auxiliary Services (757) 823-8085* Send completed forms to housing@nsu.edu or fax to (757) 823-2304 If available, please attach the following documentation: A complete spreadsheet (in Microsoff Excel) of all participants and/or counselors expected to stay to include: NSU ID number (if applicable), last name, first name, gender, age, preferred living accommodations and participant or counselor status. A schedule of activities, specifying dates, times of activities	General Information				
Contact Email Address: Contact Fax Number:	Date of Submission:	Group/Conference Nar	me:		
Street Street Street	Contact Person/Advisor: _		Contact Phone Number:		
Street	Contact Email Address:		Contact Fax Number:		
State Zip	Organization Address:				
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Participant Information	Desired Date of Arrival:	Date:	Check-In Time:		
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Undergraduate Students	Participant Information		_		_
Number of Counselors (For Student and Youth Sponsored Programs): Male	Group Age (check all that			School	= ~
Number of Participants: Male		Undergraduate Students	Graduate Students		Adults
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