

Residence Life & Housing
Conference Application Form

Conference Name: _____

Conference Address: _____
Street

City _____ State _____ Zip _____

Program Type: On-Campus (NSU affiliated) Program Off-Campus Program

Sponsoring Department: _____

Purchase Order Number: _____

Program Advisor's Name: _____ **Contact Number:** _____

24-Hour Contact Number During Program Residency: _____

Counselor/Participant Information

Number of Counselors: Male _____ Female _____ Total _____

Number of Participants: Male _____ Female _____ Total _____

Age of Participants: Adult College (18-26) High School Junior High Elementary

Schedule

Desired Schedule of Arrival: Day _____ Date _____ Time _____

Desired Schedule of Departure: Day _____ Date _____ Time _____

Signature

Form filled out by: _____ **Date:** _____

Office Use Only Purchase Order # _____ Date PO# Received _____ Please Check: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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<p>Please attach the following documentation (<i>Forms without attachments will not be considered</i>)</p> <ul style="list-style-type: none">• A complete list of all participants/counselors expected to stay (print names, age, gender, indicate if participant or counselor, if NSU student – include NSU ID #)• A schedule of activities, specifying dates, times of activities by participants/counselors.• A Purchase Order (PO) Number that will sufficiently cover the balance of your program residency. <p style="text-align: center;">*Meals must be secured through the Office of Auxiliary Services Contact the Office of Auxiliary Services at (757) 823-8085</p>
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